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The JOURNAL of PASTORAL CARE

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NO. 1

A CHRISTIAN CONTEXT FOR COUNSELING

PROF. ALBERT C. OUTLER

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THIS discussion will undertake the exploration of some of the relations between Christian theology and the theory and practice of counseling. This is an increasingly pressing problem which has been too little reflected upon, not only by theologians but by counselors as well. Modern counseling has a curious lineage. Its hoariest ancestor is the ancient art of sympathy and shared wisdom, which is surely older than written history. Its often none-too-well remembered grandparent is the Christian ethic, with its recognition of and concern for the worth of human persons and its ideal of human community. But its immediate parent is modern psychology, which makes the kindred social sciences its aunts and uncles. Such a heritage creates an understandable confusion and instability in the offspring. The spirit and intent of counseling betrays its ancestry in high religion. But its techniques and middle axioms are predominantly controlled by the materialistic and mechanistic assumptions of the prevailing systems of psychopathology, psychoanalysis and psychiatry. When religious persons have sought to avail themselves of the therapeutic aids of modern psychology they have often found themselves in the

Precis of a series of addresses given at the Hazen Conference at Swannanoa, N. C., August, 1945.

anomalous position of trying to adopt methods and reject the assumptions on which those methods *apparently* are based. If we accept the practical insights which behavioristic psychology and psychoanalytic theory admittedly afford us, are we thereby committed to follow them in their conclusions about the nature of the human self, freedom and responsibility, and their positivistic notions of truth and reality? It would indeed be a painful choice if we have to decide between the Christian account of man and his destiny, on the one hand, and the doctrines of modern psychology, on the other. It is the thesis of this essay that no such choice is required of us. Rather, our task is that of assimilating the practical wisdom of the psychologist, however secular and mechanistic his own world-view may be, to the basic and perennial first principles of the Christian faith and Christian theology.

This sort of thing has been done many times before in the history of Christian thought. Origen and Augustine claimed Plato for Christian theology, but they did not hesitate to set this wisest of the Greeks in a Christian context. In the thirteenth century, Aquinas set out to renovate current theological maxims in the light of the newly discovered *Physics* and *Metaphysics* of Aristotle. In the eighteenth century, it was Newton who had to be baptized. Darwin and Comte gave theology its new assignment in the nineteenth century. In our day, Freud, Marx, Pareto — and their kind — are the gadflies who will not let the theological ox doze quietly. There *are* Christian first principles that cannot be surrendered without fatal compromise. But, given these, the Christian theologian who takes God's truth to be universal may assimilate to them wisdom of many sorts, even from unlikely sources.

What is wanted is a Christian *context* for counseling. Contemporary Christians cannot afford to ignore the solid growing results of scientific studies in psychology and sociology nor can the scientists, for their part, continue to remain complacent about their crude, mechanistic assumptions — the dramatic news about the atomic bomb adds terrible urgency to the demand that science submit its awesome powers to the guidance and goals of ethical religion. I cannot pretend to offer to you the explicit details of a concordat between Christian theology and modern psychological theory. It will be enough if I can make you aware of the immense importance of the task and if I can illustrate some of the ways in which it may be worked at with good hope of progress.

Consider the counseling situation itself. At its simplest, it consists of two people, both of whom are concerned to solve or improve a human situation which is, for some reason or other, out of balance or control. Who *are* these people? What qualifies one to help the other and what makes one need help? What are the limits within which this sort of help is possible? What are their common goals and what are the norms by which success or failure may be gauged?

Any effort to give fundamental answers to questions such as these leads out beyond the ken of mechanism and positive science and raises

issues which are essentially theological in form, to which theological answers must be given. What does it mean to be a human person? How are the jams into which we mortals fall to be accounted for? Is there any clue to the human predicament which explains the mystery of evil without explaining it away? What are the moral possibilities and responsibilities when one person undertakes to help another? Is there an honest way beyond human tragedy? How does one contribute something to the repair and remaking of his social environment? What sort of education is required to guide a growing person into the most adequate realization of his potentialities?

These questions, which arise naturally from reflection upon the counseling situation itself, suggest the topics with which we must concern ourselves. None of them is new to Christian thought. All of them have been mulled over by Christian minds for centuries. And it is in the light of this traditional Christian wisdom that we shall try to relate our answers to the concrete problems of counseling. Our answers will certainly not be final; they may not even seem profound. But they will constitute a challenge to counselors to look more closely and critically than ever at their own prior questions. All counseling goes on in a larger context of assumptions and presuppositions. There is such a thing as a Christian context for counseling and its claim to superiority is simply that it is truer to the facts of human existence and divine reality than any materialistic context whatsoever. The Christian teachings about personality and the good life are of direct relevance to good counseling. Finally, Christian faith is of paramount importance to the counselor himself, just precisely because it makes him a more adequate person and thus able to act more adequately in his personal dealings with the persons who turn to him for help and guidance.

The Human Person: Focus of Counseling

Every thoughtful counselor has some sort of answer, express or implied, to the Psalmist's question, "What is man?" And upon his appraisal of what it means to be a human person will depend, in large measure, his treatment of human persons. The Christian answer always begins with the elemental premise that man is a creature, God's creature. No man is his own creator; his creative initiatives — real and significant as they are — are always responses to prior initiatives from outside and beyond himself. Man's joyous acceptance of his creaturehood is the hall mark of authentic Christian trust; it is the ground of true humility and self-acceptance. Ignoring or rebelling against the fact of creaturehood is the straight way to frustration and insecurity. Counselors need occasionally to remind themselves that in all their dealings with persons there should be the unspoken qualification, "as between us creatures."

But to insist that man is a creature is by no means to despise him. The Christian faith has affirmed, with equal energy, that man is the crown of creation, the creature bearing God's image within his inmost

self. Man has the unique capacity deliberately to cooperate with God's creative purposes, consciously to respond to God's manifest love with his own. This means that personal relations are primary, both between God and man and between man and his fellows. If this be true, then it follows that no man can rightly be regarded simply as a means, a tool of other men, however virtuous their pretensions may be.

The most important implications of the assertion that personal relations are primary is that man is *a free and responsible self*. He is not God's nor nature's puppet, for the very essence of his self-consciousness is the experience of obligations which *claim* but do not *force* his loyalty. No man rids himself of the feeling that his acts are *his* acts nor is he ever quite willing to be treated by other persons as though they were absolved from an equal claim of responsible behavior. It is because he is a responsible self that man must respect himself and every other person; this is the valid basis for the notion of "reverence for personality." But man's freedom is not unconditional; we tend to lose it if we use it either in the assertion of our selfish wills or if we surrender it in uncritical loyalty to some partial social good. Man's freedom flowers as he responds to the claims of the highest good — "Almighty God, . . . whose service is our perfect freedom."

But the human person is not a solitary being; he is a creature designed for *life in community*. Only as he lives with and for other persons are his own personal values realized. And it is in that ultimate community, the Kingdom of God (the commonwealth in which God is sovereign) that Christian faith has anchored its ethical ideals and goals. The viable force in Christianity is not its creeds or ethical maxims but in its communal life, the shared life of those made one and loving in Jesus Christ. It is this visible, historical community which has been the carrier of the Gospel and it is in such a community that personal life is raised to its grander dimensions. Loyalty to such a community does not abrogate our proper loyalties to the partial communities of blood and soil to which we naturally belong; it simply warns against the fatal idolatry of regarding those communities as absolute.

Christian faith has further affirmed that man is a creature with eternity in his heart. Our earthly lives are never more than fragments. When life is lived significantly, death always comes as an interruption. Theories of immortality are many; some are naive, some are subtle. But deeper than our theory is the Christian soul's invincible surmise that the universe does not cast us on its junk heap, but that our lives are planned to be a whole, completed in God's good time and in His presence. No such creature as we are is ever utterly mean or worthless. To be human is to live in two worlds.

Even so hasty a sketch as this of the Christian answer to the problem of human nature has genuine relevance and meaning for the counselor. It sets significant limits upon him. It requires the suppression of his "Yahweh complex." It forces him, more earnestly than ever, to wrestle

with the temptation that besets all pedants and stuffed shirts: to roll one's pearls down an inclined plane. It demands of us that we neither deny nor evade the fact that we have our treasure of wise counsel in frail earthen vessels. This Christian perspective sets the person counseled in a new light as well. He, too, is God's creature — of incalculable value, the bearer of a sacred trust. Therefore, he must not be regarded as an item in a statistical average, or even as a "patient," a "case" or "a problem." He is a person, deserving of his full mead of dignity, affection and human recognition. Only some such attitude will establish the right rapport between the counselor and the person counseled. Anything less tends to corrupt or stultify the counseling relationship.

The Christian understanding of what it means to be a human person rules out both the mechanistic and the idealist answers to the question. The behavioristic doctrines of the self (e.g., like those of Marx, G. H. Mead and Freud) ignore the subtle and profound ways in which man transcends nature, even as he shares in its processes. The counselor must be steadily aware of that in himself and in his friends which transcends the categories which spectatorial science may provide. It is his bounden duty to be as objective and rational as he can be, but he will always be sensitive to the heights and depths of meaning and value in every personal experience. His reverence for personality need not make him sentimental; it will certainly save him from a calloused soul.

Counseling techniques based upon idealist versions of human nature are equally inadequate, but for a very different reason. They are tainted with environmentalist and Utopian fallacies which usually issue in a sort of quixotic winsomeness and a heroic refusal to see windmills as windmills, sheep as sheep and men as men. The Christian doctrine of man seeks to be steadily realistic. It has room for all the objective data which the social sciences can bring to it; it welcomes the prophetic visions which a baptized imagination may afford.

To know what we really are is the first step toward becoming what we ought to be. It was when the prodigal son came to *himself* that he made the decision that put him on the road back to his father's house.

The Clue to the Human Predicament

That there are human predicaments, no one has ever thought to deny. But Christian faith has gone on to affirm that there is *a* human predicament, a single, fatal, universal declination away from God's loving purposes for His children, which accounts in significant measure for the misery and tragedy of human life. This is an unpleasant topic to muse upon but it thrusts itself upon us now as never before. The strange way in which the macrocosmic evils which whelm the world show up in the microcosms of individual misbehavior is sufficient evidence that man is a tragic problem to himself. The jams and snarls and wrecks of life, which are reflected in the persons we seek to counsel, and too often in ourselves,

are all symptoms of a deeper, more basic, moral and spiritual disequilibrium, common to man as such.

Let us attempt a rough and amateurish typology of the various ways in which human beings get "off the beam." There are, first of all, the jams due to *ignorance*. These are manifold and likely to increase in a technological civilization. But these are the counselor's delight, for they can usually be repaired with a minimum of net damage and a maximum of pedagogical satisfaction. Then, secondly, there are jams which come from *deficient judgment*. These are more difficult because they involve the emotions and orectic thinking of the counselee. Thirdly, there are the jams which are due to *undisciplined appetite*. These are still more complicated than the first two because their outward symptoms always mask some inner deterioration of the self. In the fourth place, there are the jams which result from *the clash of aggressive wills* in life's forum or market-place. In a competitive society, a premium is often placed upon what is plainly one of the most fruitful sources of moral — and emotional — maladjustment. And such cases are exceedingly difficult, for what is desired by the person counseled is a first-aid job, or at least, a rationalization and defense. Jams of the fifth type are due to the fundamental aberrations: (1) evasion of reality; (2) hypersensitivity to rejection; (3) what the medieval moralists called *accidie* (a sour mixture of irritable slothfulness and prideful despair). These latter, by the way, are the typical sins of cheerless respectability.

Notice that in this list there is a common factor, which increases in intensity in rough proportion to the complexity of maladjusted situation. This constant can be identified if one observes that human tragedy is compounded, not by outer circumstances but by *inner estrangement*, alienation from self, one's fellows and from God. Both the biblical myths and modern psychological metaphors agree that this feeling of alienation is the clue to the human predicament.

The libido of the infant is naturally self-centered but there is no theoretical reason why this self-regarding thrust of life should not be progressively sublimated throughout the enlarging concentric circles of family, clain, race, nation, etc. Somewhere in the business of growing up, however, this infantile self-enchancement gets jarred and begets anxiety. Anxiety tempts the self to greater efforts at self-protection. But these efforts are always inordinate and break down rather than build up discipline (the reason for this, of course, is that man is a finite creature). Thus man's freedom and man's finiteness war to bring him to disaster. Anxiety leads to sin, the strange fruit of sin fails to allay anxiety and prompts to yet intenser, more inordinate and futile strivings for security. This is the vicious circle in which Judy O'Grady and the colonel's lady may be partners in a tragic dance.

Masked and disguised in a thousand ways, by manners, modesty, morality and neurosis, there is in us all that fierce desire to be masters of our own fate and, often, the fate of others as well. We resent our

creaturehood, we would reject our dependence upon the veiled providence of God. And this is man's rebellion and unbelief — and this is his alienation from his own true good.

If the root of original sin is self-enchancement, the main branches are pride, concupiscence and curiosity. The assumption of inordinate pride is that there is no specifiable limit to our worth; the assumption of inordinate concupiscence is that there is no specifiable limit to our *aggressive power*; the assumption of inordinate curiosity is that there is no proper limit to our *knowledge*. The fruits of this tree are sweet to the taste but bitter in the after-taste; they starve and poison the soul.

The favorite ways of escape from this circular trap are striving for increased knowledge and striving for improved virtue. But both have the same danger that any treatment of symptoms always has. They may, and often do, act as opiates and nourish complacency and spiritual pride, the most deadly of all mortal sins. The earnest and impenitent moralist is clearly in greater danger of final sterility of life than the confessed and contrite sinner. It was the publican who went down to his house justified because he made no effort to blink his abject need for God's forgiveness and the removal of his sense of alienation.

Such an interpretation of the human predicament throws unexpected light upon many facets of the counseling process. In the first place, it illumines the counselor to himself, since we, too, are human, all too human! In the second place, the doctrine of the ultimate simplicity of the human predicament affords a unified criterion for the diagnosis of any particular jam or crisis in a person's experience. Thirdly, it throws the whole question of moral sanctions and consequences into new perspective. The frustrations which dog man's way are essentially *self-frustrations*. Whatever difficulties a man's environment may create for him, they cannot ultimately defeat him if his personal resources are adequate. Our real defeats do not come from things; they come from ourselves. This, incidentally, suggests a crucial distinction which needs to be made in any discussion of "progress": the difference between progress in man's mastery of nature and progress in man's self-mastery. Finally, the Christian clue to the human predicament forces the counselor to concentrate upon the moral and spiritual attitudes of the person counseled.

The Christian answer to his human predicament is the good news of God's love supremely manifest in Jesus Christ. It is not enough for man's lot to be improved; he needs must be made over. The gist of the classical Christian faith is that Jesus Christ is the adequate personal, historical manifestation of God's love and will-for-man, so that in Christ and through Him the anchor of man's love is shifted from self to God, and all man's partial loyalties find their consummation in joyous trust and glad obedience to God's will and gracious rule. This is what it means to be reconciled to God: freely and gladly to put one's destiny in God's keeping and to share, responsively and responsibly, in God's workings in His creation. It has been the experience of countless Christians in every

generation that this "justification by faith" ushers a man into a new order of living, a world of peace, of freedom from anxiety and insecurity, a world in which God's imperatives are made tolerable by the assured gift of God's grace and power. The Christian man is no longer alienated from God nor from himself. Fear, rebellion, idolatry, and self-seeking — these are no longer needful props for his faltering ego. Evil and suffering are not abolished but the resources for moral victory are at hand and one sees the honest way beyond tragedy.

This, or something like it, the Christian counselor must understand if he is to guide the person counseled beyond the particular crisis and its solution to a genuinely effective re-integration of will, feeling and thought. The mystery of saving faith is not bestowed by any man upon another; we do not perform the miracle itself simply by describing the process as far as we know it. But the counselor who can give to a ready mind and seeking heart a solid assurance that such a transformation of life is "at hand" and who can put him in the way of preparation for the experience itself, will certainly be doing something more significant than all the good advice and sympathy in the world can avail. Counseling is the art of friendship raised to a higher power. If the counselor is a Christian pilgrim, he can recall the way he himself has come from the Slough of Despond and he can point out to others the way as yet unwalked that leads on towards the City of God.

The Christian Ideal of Human Fellowship

The Bible is a book about personal encounters, between God and men, between men and men. It is not surprising, therefore, that Christianity made the individual human person the primary unit of social value. Thus it discovered that the essential basis of human fellowship is neither justice nor pity, but *mutuality*. The patterns of relation in a truly good family are more nearly the norm of Christian fellowship than any ideological utopia in which abstract justice is the ideal. This verdict has been confirmed both by modern existential philosophy and modern counseling theory. Mutuality between counselor and the person counseled means that the counselor must carefully refrain from violating the freedom, dignity or creativity of the person counseled, no matter how sure he may be that his advice is infallible. But if this limits the scope of counseling, it enriches its spirit.

In "I-Thou" relations, what does mutuality require of us? In the first place, it calls for a solid *sense of security*. The child psychologists have told us about the elemental need of the infant and young child for emotional security. We need not accept the hypothesis that emotional patterns are *irrevocably* fixed in childhood in order to agree that a sense of security is *sine qua non* for effectual human living. To feel that one is wanted, that one really "belongs" and shares in the circle of life around him — all this is indispensable to a poised and unanxious adjustment to one's social situation. This circle-of-belonging needs to be enlarged as

life develops until at last man comes to feel that he is "at home in the universe," that God loves him, accepts him pretty much as he is and regards his sharing in the divine purposes with neither cynicism nor condescension. The primary cause of insecurity is the suspicion that one is unloved. A man is literally lost when he does not have an active sense of being beloved by other persons and by God, not because of what he can do, but because of who he is. The good counselor is one who can give such an authentic sense of security to the person counseled, or can at least allay the loneliness of the unloved.

A second thing that is required, if a human relation is to be mutual, is *objective recognition* of a person's own peculiar gifts and skills. In a good family, the members know what each other can do and give encouragement and praise to a job well done, rather than making unrealistic demands from motives of family pride or utility. This is not a mark of indulgent love. It simply means that mutuality does not call for identical ability nor literal equality. The important thing, in any group, that each one can feel that his gifts matter to the whole and that his status does not depend upon any competitive ranking.

The third prerequisite for mutuality is *liberty*. Human liberty, or moral freedom, does not mean the power to alter natural processes or to act by sheer caprice. It means the capacity, consciously and responsibly, to participate in decisive events in such a way as to feel uncoerced and at least partly responsible for the outcome. There can be no mutuality of persons where this kind of freedom is infringed. It is this kind of freedom that God has bound Himself to respect.

The Christian ideal of human fellowship, then, is built upon the three pillars of security-in-love, recognition-of-personal-worth, and the essential inviolability of each human soul. The first steps in enduring friendships are those which lessen aggression, express respect, reveal real interest in what one can do, and surround one with unobtrusive affection.

The implications of all this are of paramount importance for good counseling. It means that the good counselor is concerned about the basic causes of the feeling of insecurity of the person counseled, seeks to discover and appreciate his gifts and is sensitive to any infraction of his moral freedom. It means that the counselor can do nothing for the person counseled *against his will*, that no solution is a good one if its acceptance is forced. Our efforts at analysis and persuasion may go just as far as they remain persuasive and do not become interventive. The counselor must not only be willing for the person counseled to reject patently good advice; he must, with all the skill and patience he can muster, help him to discover *for himself* the right path forward. When another person stands before you, in admitted distress, it is often difficult to realize that this same person, whose weakness is so plain, is the only person in the world, or out of it, who can choose his way and walk in it. Yet this is actually the case. God surrounds him with His providence and prevenient grace. We may give him all the help we can, but we must

avoid, as we would shun sacrilege, the effort to tinker with his soul or to haul him, with no matter how well-intentioned dominance, up to the altar or into the ark.

Jesus did a superb job of counseling with his twelve apostles. He gave them a sense of security. He had a strange confidence in their gifts, he was patient with their purblindness and their repeated failures to comprehend. He loved them without condescension, which made it possible for him to rebuke them without hesitation. He worked at the social and economic problems which confronted him, but most of all, he worked at the inner transformation that would give them new freedom and new power in a hostile world. His affection for them was uncalculated; yet it did not blind him to their faults. But just as he would not call upon his miraculous power to inaugurate the Kingdom or to perform selfish miracles, so also he was willing and able to wait until the leaven of truth worked in their hearts. He even lost one of them. But he taught mankind something that we may one day learn, that mutuality amongst men and mutuality between God and man is the highest and fullest human blessedness and joy.

Christian Social Perspectives of Counseling

Every Christian context is a social one. The first great commandment is religious; the second is ethical. Communal righteousness is as truly a divine imperative as is personal integrity. The counseling process is therefore bound to take into account the kingdom of social evils which degrade and dehumanize and violate human personality. At the same time, it must proceed with a clear vision of the social ideals of that Kingdom of God which is the true and ultimate community of man. And yet the Christian counselor will evaluate the problems of social pathology from a sort of Archimedean point which falls outside the secular table of social values. The Christian social ethic presupposes a transcendent order of life, a community of persuasion, mutuality and love. The natural order is not to be condemned nor despised, but, by the same token, the Christian norms of social value transcend those of earthly commonwealths. The classical term for this Christian concept of a new social order is "The Kingdom of God." The phrase was not invented by Jesus but his proclamation of it gave a new meaning and context. The Kingdom of God is God's righteous rule within human hearts and amongst the human community. It is a rule of moral authority rather than coercion; it is the order of love rather than of law. The chief ends of this Kingdom are the glory of God and the blessedness of man; the way of life in this Kingdom is essentially familial. Thus, the paramount Christian social values are *loyalties* rather than *rights*.

Within such a Christian social perspective, the counselor may proceed to help the person counseled to an objective and accurate analysis of his social situation. He will look first at the social relations which are

primary factors in every situation: family tensions, social status and economic pressures. Normally, his service is to help the person counseled to a clear appraisal of the way in which these factors bear upon his emotional and moral problems, for it is only in the rarest cases that the counselor is called upon to issue invitations to the revolutionary barricades.

But the good counselor will not stop with analysis. He will be aware of the available resources of social machinery and welfare which can be marshalled for the positive solution of the difficulties of the person counseled. This is a point which has been so amply expounded and illustrated in this conference that I only mention it in passing. But it has been my experience that there is always more social machinery available for adequate service than is being made effective use of at any time. The counselor is the most important link between the person in need and the social agencies equipped to meet his needs.

Beyond the concrete and immediate help he may afford, the Christian counselor will seek to guide the person counseled into the inner meaning of social evils, rightly dividing between those which can be cured and those that must be endured. He will know that it is bootless, from the Christian standpoint, to rail against one's family, one's social status, one's economic lot — merely in the name of some abstract doctrine of human rights. "Life, liberty and the pursuit of happiness" are not inalienable rights and it is not self-evident that all men are created free and equal. However, valid in speculative theory, such notions remain abstract and subjunctive. But there is a concrete and inalienable human right which remains: the right *to be recognized and treated as a person*. This is a question of fact. To deny, either in word or deed, that a person *is* a person, is not only a sin, but also an error. It is this sort of error we commit when we tag a person with a group-label (American, Methodist, Negro, banker, "returning serviceman," college professor — the stereotype may imply a favorable or unfavorable value-judgment) and then proceed to treat him as a particular instance of the social universal under which we have him classified. At bottom, what most of us want most, or really feel that we deserve, is to be regarded and treated *as a human person*, whose race, class, profession and other "accidents" (I use the term advisedly but in its medieval sense) are properly judged to be secondary. For example, most of us would agree, perhaps, that it is far less satisfactory to be treated as "college professors" than as human beings. This is, as I take it, the practical meaning of the Christian doctrine of "the worth of personality" and of Kant's analogous teaching about the importance of persons as ends and not as means only.

The counselor will always, therefore, begin by recognizing the person counseled *as a person* and he will try to teach him to regard himself as a person and act accordingly. It is a great service to have some one help us to strip off the labels by which we are rated in society and re-value our social values in terms of our common and irreducible humanity. It is the

best way to objective self-respect (particularly if our social stereotypes are discriminatory); it is the surest way to true humility (if our stereotypes have conferred automatic prestige).

In the second place, the counselor will seek to guide the person counseled in the achievement of what is called, in counseling jargon "social competence." This is a complex social ability which combines emotional balance with the learned skills of social poise and adjustment to the demands of successful social intercourse. There must somewhere be a place of punishment for the counselor who merely trades the tricks and secrets of winning friends and making use of people. But he will be doing a great and lasting service to the person counseled if he can help him to gain that inner poise and harmony which makes possible easy, natural and happy contacts with a large gamut of fellow-men.

A third, and still higher, level of service will be the effort to find for the person counseled a "we-group" of real quality and significance. This is ordinarily an immediately feasible service, and it is the counselor's business to know what are the possibilities in his community or elsewhere where such a group will receive the person counseled and accord him real security, recognition and liberty. The steadying power and the stimulus to creativity which a "we-group" affords is not only a great and present good but it also helps one to abide the time until more radical social improvements are forthcoming. The moral basis of the group is crucial. If it is simply a pressure-group, it will narrow the social vision of the members; if it is simply a mutual admiration society, it will lull them into pious desuetude.

The highest level of service which the counselor can offer the person counseled is to invite him to join in the larger ethical enterprise of the Christian social ethic, together to dedicate themselves to the tasks of social renovation, to exhibit God's righteous rule in their hearts and lives. This is the mint mark of the Christian context for counseling.

Counselor and person counseled, we are all *homines viatores*, men on life's pilgrimage. We can only join with others or invite them to share the road with us. The bystanders will never know that the jostlings of the fellow-pilgrims are bonds of fellowship which uphold us on our way.

THE MINISTER AS COUNSELOR

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THE rapid spread of the term "counseling" among the members of the profession to which I belong calls attention to a somewhat singular situation. The physician has his "patient" and refers to his activities in behalf of his patient as "therapy." The lawyer has his "client" and speaks of himself as "counselor." But what term has the liberal minister of religion for his ministrations or for the object thereof? In the absence of any generally accepted term the word "counseling" has come to him as a veritable godsend. It is used to denote his efforts to help the sick of soul by means of certain recognized techniques. Such, at least, is the definition upon which I shall proceed in this paper. I shall assume that the term "counseling" is the non-medical equivalent of "psychotherapy," and since my own specialized work has been in the field of mental illness, I shall take as my theme the Church's obligation toward the mentally ill and the potential role of the minister of religion in their care and treatment.

The case of a college student who was brought to the hospital because of an acute disturbance will furnish a good starting point for this discussion and help to hold it down to reality.

The patient in question was a tall, attractive fellow of some twenty years. His father was a successful business man, his mother a once-talented woman who for seven years had been an inmate of a hospital for the insane. The boy himself was a brilliant student, active in all departments of college life and intensely ambitious and idealistic. This boy, whom we shall call "Bernard C." had been active in church work and the summer before his commitment he had been a delegate to the Y. conference at Lake Geneva. He had there been profoundly stirred and had decided to devote himself to religious work. On his return home he went to his pastor and offered his services. The pastor, a wise and experienced man, saw at once that he was in no condition to do the evangelistic work he proposed to do. He therefore assigned him to some task in connection with his choir. By the end of the summer the excitement had subsided and he went back to college under instructions from his father not to engage in outside activities. These instructions he disregarded. He did do excellent work in his classes, but he also became involved in extra-curricular affairs. The break-down came

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about the middle of the year. It seems to have followed a "talk to men" by a speaker brought to the campus for that purpose by the college Y. The climax came when Bernard prepared a sermon and invited some of his friends to hear it. When no one showed up at the appointed time, he marched down to the college church, where the Sunday morning service was at that time under way, proceeded up to the pulpit and sought to deliver his message. He was of course hustled out and shortly thereafter he was sent to a sanatorium. There his condition became such that he had to be transferred to a state hospital. Here he was extremely disturbed, for the most part depressed and mutistic, some of the time violent and destructive. Thruout the period of disturbance he knew where he was, he kept track of the dates, and his answers, when he spoke at all, were relevant and coherent. He was, moreover, observant of all that was going on. But he had to be closely watched to be sure that he did not injure himself or some one else. After two months the acute disturbance subsided and he made an excellent recovery.

Here is an extreme example and yet a problem which concerns us all, a college student of considerable promise who under the influence of college religious agencies goes violently insane. To what extent were these religious agencies responsible for this disturbance? What might they have done to avert it? What obligation has the Church toward this boy during his disturbed condition? To what extent is he representative of others with whom religious workers in our colleges and communities have to deal?

The Factor of Inheritance

You will probably notice, first of all, that Bernard had a mother who was insane. This fact may be taken by some as the all-sufficient explanation of his misfortune. For such a view there has been much psychiatric support, especially in the days gone by. Heredity has often served as a mysterious Quantity X, supposed to explain certain equally mysterious disease entities which went under such names as "dementia praecox" and "manic-depressive psychosis." To-day however we are beginning to see that such explanations are merely cloaks for ignorance which explain nothing at all and that disorders of this type are best understood as reactions to a difficult life situation. Heredity must then first register in experience before it manifests itself in the form of a psychosis.

In the case under consideration we have a boy of unusual ability, talented, high-strung, physically strong and attractive, who at the same time, in all probability, had more than his share of unmanageable sex cravings. Heredity in this case meant high potentiality. It meant also a certain handicap. His difficulties were undoubtedly accentuated by the influence of a mother who for some time before her commitment had been peculiar. Liability to disorder was increased by the fact that he knew his mother was insane and was acquainted with the prevailing views regarding the inheritance of mental disease.

Sense of Guilt

This boy, talented as he was, handicapped as he was, went to school. He did excellent work in his studies. He was active in the social life of the school, at times feverishly active. This activity may have been an attempt to escape from inner unrest and his hard work as a student an attempt at compensation for that of which he could not bring himself to speak. He was fairly well-liked by his mates and yet he felt himself separated from them because of uncontrollable cravings which he had been unable to socialize and thus assimilate. There is some evidence in this case, as in most functional mental disorders, that the primary causative factor was a sense of guilt and isolation, due to the presence of unassimilated matter which, like ill-digested food, was clamoring for attention and destroying his peace of mind. We may say, furthermore, that high ideals inculcated by the Church, were a factor in inducing this sense of guilt.

The "Soul Surgeons"

Then came the visit to Lake Geneva. Here he came under the influence of a religious group which lays great stress on "soul surgery." Just what happened here we do not know. We may assume that he found here those with whom he could talk over his problems. He was thus relieved of the overwhelming sense of isolation, which is the essence of the sense of guilt. As is characteristic of such experiences, he felt himself at one with a Greater-than-himself, and became profoundly stirred. He found within himself new possibilities and he proposed to go to New York to work among the fallen and the lost.

Minister and Psychiatrist

But now comes the question, What concern has the minister of religion with a definite case of psychosis? Is not such a case outside of his province? And why should I choose as a basis for this discussion an experience which was psychopathic in the extreme?

I therefore call attention to the fact that Bernard's experience at this time, even tho it showed many morbid features, may be regarded as a dramatic conversion experience of the type which has been so prominent in the history of the Christian Church ever since the days of Saul of Tarsus and that the psychosis which later developed shows in exaggerated form many features of the religious conversion experience. The psychosis, like the conversion experience, was a desperate attempt to resolve a severe inner conflict. Acute psychoses of this type are to be sharply distinguished from malignant reactions such as withdrawal and concealment in their many forms. They are characterized by marked religious concern and by the sense of mystical identification, something which is generally absent in the malignant reactions. They may be looked upon

as extreme manifestations of the consciousness of sin which theology has long regarded as the first step in the process of salvation. Like fever and inflammation in the body such disorders seem to be manifestations of nature's power to heal.

It follows therefore that Bernard's experience, even in the frankly psychotic stage, belongs rightfully within the province of the specialist in religion. It is true that not many ministers are now equipped to deal with him. But what is involved is the most potent forces and the most delicate and profound laws of the spiritual life. His experience is an extreme exemplification of the honest and desperate struggle for salvation with which the minister of religion should be especially concerned. The student of religion should therefore have much to learn from him and from his kind which will not only enable him to contribute to the treatment of the full-blown disorders, but will equip him to deal with the more complex incipient disorders which abound in every normal parish.

Treatment without Diagnosis

It follows also that the Lake Geneva group which had a part in precipitating Bernard's disturbance was not necessarily at fault. They might have done him a real service by helping him to recognize and grapple with a serious accumulation of unassimilated experience, and by doing so before catastrophe had become an accomplished fact.

Where these "soul surgeons" *were* at fault was in the lack of adequate individual attention. When Bernard was aroused and eager to do something about his situation, he was left to shift for himself, and the minister whose guidance he sought seems to have had nothing better to offer than occupational therapy. He set him to work singing in his choir, when what he actually needed was intensive psychotherapy. This is a weakness which has characterized the Church's past efforts at evangelism. The old evangelists of the Dwight L. Moody type brought a message of salvation to the sick of soul and were of real help to many. But what they gave was all too often treatment without diagnosis. There was little attempt to sit down with those who "hit the saw-dust trail" and arrive at a real understanding of their particular problems. As for the modern liberal churches, it may be said with some justice that they have been giving neither treatment nor diagnosis, but have been referring to the psychiatrist and to the psychoanalyst many persons who needed the help they should have been able to give.

The Church's Task

On the basis of these considerations we are ready to attempt some generalizations regarding the minister's task as counselor. In the first place, the minister of religion is concerned always with the problems relating to mental health. This follows inevitably from his task as a servant of the Church. Thus in Bernard's case, he and also his parents

had been brought up under the influence of the church, and its ministers had had much to do with shaping the standards by which he judged himself. His church happened to be one of the more liberal persuasion, but even so, those standards determined the inner conflict which resulted in the psychosis. The Church is often charged by psychiatrists with being responsible for much unnecessary suffering by reason of its perfectionistic requirements. As a servant of the Church, I admit the charge that it sometimes disturbs men's consciences. I only wish it did so more often and more effectively. That, as I see it, is inherent in its job. The task of organized religion is to perpetuate and re-create religious faith. This means not merely transmitting religious insights and moral achievements from one generation to another, but also awakening its people to new opportunities and coming dangers and leading them to new and higher levels of adjustment. The Church is concerned with that which is not yet but ought to be in personal character and in social order. For this reason it cannot be content with mediocrity and it cannot take the average as normative. It is and must be perfectionistic in its objectives. The fact that the sexual behavior of the human male, as revealed by Professor Kinsey's recent studies, gives us a picture of the average man which is by no means flattering, does not make that behavior any the less "ornery", or "vulgar", two terms which, significantly enough, are etymologically identical with "average;" nor does it release the servants of the Church from the duty of trying to awaken that man to his higher potentialities. The fact that man has always been war-like and that the world to-day is filled with wars and rumors of war does not release us from the obligation of summoning men to repent in sack-cloth and ashes for the nationalistic selfishness and blindness which threatens to destroy our entire civilization.

The Church's Social Significance

In the second place, the minister of religion is the leader of the world's outstanding exemplification of the group therapy of which we hear so much to-day. Even tho he may disturb a man's conscience, he and his group have also the power to heal. In support of this proposition I may remind you that religious assemblage for the purpose of instruction and common worship, which seems to be peculiar to the Hebrew-Christian religion, has social significance of enormous importance.

We may thus recognize the part which religious assemblage has played in the re-thinking of fundamental religious beliefs in the light of changing conditions and in the modification of ethical standards in the light of growing knowledge. Herein we may find an explanation of the marvelous stability of Hebrew culture, of its capacity to survive and maintain its integrity over a period of some 2000 years, even tho its people have had no homeland of their own but have been scattered over the face of the earth among people of other cultures. Herein also we may find an explanation of the flexibility of the Christian religion and its

ability to adapt itself to such radically different cultures as Roman Imperialism, Mediaeval Feudalism and modern Industrial Democracy. Hinduism, Buddhism and Confucianism have had no such institution. For this reason these religions have been the bulwark of the status quo and in very truth the opiate of downtrodden peoples; and their associated cultures have shown relatively little change.

But a vital church has another function which is of greatest significance from the standpoint of the problem before us. The church at its best is never a fellowship of saints — that is of persons who are already perfect in their own eyes — but rather an assemblage of those who are agreed regarding their loyalties and their objectives. It is a fellowship in which moral self-judgment is based, not upon some fixed code, but upon the will to do better. The emphasis upon the will to righteousness in imperfect men was central in the teaching of Jesus. It was Paul's great discovery in his concept of the Spirit as against the Law.

Thus in Bernard's case the disturbed condition began, as we have seen, with an experience which was near-akin to the religious conversion. It began under the influence of a group which took its religion in earnest and laid great emphasis upon confession of sin and sharing of experience. This group has sometimes gone under the name of the "First Century Christian Fellowship," a name which rightly calls attention to the fact that their earnestness in the pursuit of the better life, their profound conviction that they had tapped anew the source of spiritual power and their practice of confessing their faults and sharing their experiences with each other are traits which have been characteristic of the Christian Church in its more creative phases.

Down thru the ages the Church has thus recognized and made use of the principles of confession and forgiveness which are to-day the foundations of psychotherapy. It has been offering to all who would accept it deliverance from the sense of guilt and from the tyranny of the standardized. It has been setting men free to strive for the objectives which it accepts as paramount. It has recognized that any one who shares in its purpose and who honestly seeks to face and correct his faults—no matter how serious those faults may be — is worthy of an honored place in its fellowship. It has thus shared what psychiatrists refer to, none too accurately, as the "non-judgmental" attitude. It is concerned about *goals* rather than *standards*, about *growth* rather than *status*.

The mere fact that Bernard became a participating member of such a group must have had for him great therapeutic value. For many of those who undergo the conversion experience that is in itself sufficient to maintain their stability and to hold them to the pursuit of the better life. In the group their consciences are enlightened, their purposes are re-inforced, their faith is re-kindled and their belief in themselves is supported.

But Bernard's stay at Lake Geneva was a short one. He had to return home. There he at once sought out his pastor and that pastor sought to

meet his need by gearing him into his own organization. The pastor's plan was one which would normally have worked, even tho his church was one which had become comfortably institutionalized. But Bernard's problems were unusually aggravated. For him this solution was not sufficient. He was in need of intensive therapy, or personal counseling — whichever term we prefer.

The Present Status of Personal Counseling

My third proposition is that the minister's role as leader of a group of socially-minded persons and as counselor to individuals in distress are two complementary tasks and that both are dependent upon a true understanding of the laws of the spiritual life. The two tasks have gone always hand in hand, and attention to the individual has always been central in the Church's program.

Thirty-five years ago, at a time when I was engaged in making studies of the social and religious conditions in several different regions of this country, I took occasion to inquire of many ministers and church leaders what they were trying to do. In the more liberalized East the answer would often be given in terms of "bringing in the Kingdom of God." Here in the Middle West, however, it was almost invariably, "We are trying to save souls." The latter answer may be regarded as substantially correct. The Church has generally operated by trying to change individual lives. It was also significant that the Middle Westerners, when asked what they meant by "saving souls" were somewhat hazy in their answers. The Church's efforts to help the individual have been largely on a common sense or intuitive basis. There has been little attempt to exchange and criticize experience on the part of the professional group and thus to build up a body of organized and tested experience.

This weakness on the part of the Church has in recent years been spot-lighted by developments in the field of psychiatry. The medical profession, approaching the problems of the individual on the basis of their experience with the seriously disturbed, have made use of the methods of science to clarify many of the principles involved and have won increasing prestige.

It is none the less true that at the time of Bernard's breakdown twenty years ago, there was a dearth of persons who were equipped to give him the needed help. There were few psychiatrists and few analysts who had any understanding of the religious significance of his disturbance and few ministers of religion who were versed in psychopathology.

The situation to-day is somewhat changed. Under the guidance of the Council for the Clinical Training, of the Institute for Pastoral Care and several other agencies opportunities to obtain experience under guidance in the service of the mentally and physically ill and of the delinquent are being offered, and during the past twenty years some 2500 ministers have availed themselves of these opportunities.

Lines of Advance

As one who had a part in the launching of this clinical training movement I feel much encouraged over this development. At the same time I am impressed with the crying need of certain important next steps.

One of these is suggested by the wording of the topic which has been assigned to me. I am thinking of the wide-spread tendency in our efforts at clinical training to emphasize the techniques of counseling rather than the basic understandings. Without minimizing the importance of technique, or skill, I am more and more impressed by the fact that psychotherapy is not dependent upon any particular technique, but upon a relationship between therapist and patient which involves trust on the part of the one and understanding on the part of the other. Wherever such a relationship is established, results are likely to follow, even tho the techniques may be clumsy and the theories all awry. This principle has been delightfully stated by Dr. Macfie Campbell in a lecture which, so far as I can discover, has never appeared in book form. It is worth quoting at some length:

The psychotherapeutic treatment of Brown, a patient, by McConachie, a physician, consists in McConachie listening and talking to Brown. Is there any special technique in regard to this type of therapy? So long as McConachie is intelligent and listens long enough to the information which Brown can put before him, and so long as he is able to talk to Brown in a useful and constructive way, details of procedure, or technique, are of vanishing importance. They are to a large extent questions of taste and tradition and authority.

One physician may wish to employ the dramatic technique of the hypnotic procedure in order that he may listen to Brown and talk to him. Brown may be docile and have no objections to this little drama, in fact, the mild mystery associated with it may somewhat exalt McConachie in his eyes. Primitive man has always been very sensitive to the magical forces associated with the medicine man, and the reactions of primitive man still continue beneath the more highly evolved functions of civilized man. Even when Brown is not especially influenced by these primitive mechanisms, he may have other reasons for accepting the hypnotic suggestion. It is less embarrassing to tell some things with head averted or with eyes closed; it is gratifying to have at the same time the possibility of unburdening and the official fiction that we are not really conscious of the facts we are disclosing. So in diplomacy, it is sometimes useful to communicate some information but at the same time to make a *démenti officiel*. This is in accord with the diplomatic tradition and the diplomatist retains his self-respect. So also in the hypnotic technique.

Or another physician, an orthodox follower of Freud, may prefer to sit behind his patient, who lies stretched out on a couch and with eyes closed talks to the physician about whatever happens to come into his or her mind. Here too the patient has the opportunity to talk with averted face, and it may be more pleasant for the physician not to have the patient scrutinizing his face for an hour continuously. This setting too may give both to the patient and to the physician a diluted magical feeling which heightens the prestige of the physician.

The essential fact about the situation is that Brown, an individual in trouble, whether in the hypnotic or psychoanalytic setting or sitting with eyes wide open on any convenient chair, is getting an honest chance to bring up important problems of his life before McConachie, the physician, who is seated upon some equally indifferent article of furniture, but who is honestly endeavoring to pool his special knowledge with Brown's lay experience to see whether poor Brown can, by means of his help, make a better job of his life and get along without his previous evasive reactions, whether the latter consist of physical symptoms, special fears, domestic friction, economic inefficiency or social eccentricities.

According to this view the essence of psychotherapy is thinking *with* the patient about his problems as a trusted and trustworthy friend. Skill is indeed required. It is important to respect the personality of the man we are trying to help. We must be able to listen to him and to refrain from imposing upon him our own opinions and formulations. We must be able to interpret the symbols by means of which he seeks to reveal his difficulties to those who have eyes to see and ears to hear and to conceal them from those who have not. We must be able to sense things which he leaves unsaid. But the primary requirement is to understand the patient and to have a real knowledge of human nature in difficulty. This is essential not only for effective work with individuals but also for the intelligent guidance of the group. The present overemphasis upon technique at the expense of understanding involves the danger that even those who have had clinical training might not be able to give Bernard the help he needed. We need therefore a thoro-going program of co-operative inquiry in the field of religious experience and mental illness.

In the acquisition of the needed understanding the progress is not as rapid as it ought to be. Most of the progress achieved has been on an extra-curricular basis. The empirical study of human nature either in health or in sickness, either individual or collective, is not yet part of the basic structure of theological education. The other courses are historical homiletical and philosophical. In the great majority of our theological schools it is still possible for a student to go thru school and get his degree without having studied the human personality either in health or in sickness or the social forces which determine it. And the humanistic sciences on their part — psychology, sociology, anthropology and psychiatry — have not yet carried their inquiries to the level of the religious.

Conclusion

My answer to the question which has been assigned to me may now be summarized. The churches and their professional servants have been performing a great and important service in the realm of mental health. They have been helping men to think and feel together regarding the things that matter most. They have been helping them to determine and modify their beliefs and their standards of conduct in accordance with changing conditions. They have been holding up high ideals as

objectives toward which to strive and have at the same time been setting men free from the sense of guilt and isolation to strive for the achievement of their best potentialities. But these things have been done on an intuitive and common sense basis. There has been a strange lag among the professional servants of the Church in the matter of applying the methods of science to the field which is distinctively their own, that of religious experience. That field is still a terra incognita whose exploration promises untold possibilities for the understanding of human nature and the achievement of mental, or spiritual, health.

But I see neither the possibility nor the desirability of establishing a new profession of religious counselors. Specialists are indeed needed, especially in the understanding and treatment of our much neglected mentally ill and the future minister of religion should be thoroly grounded in the first hand knowledge of human nature both in health and in disease; but any new insights which may accrue from our growing knowledge of spiritual law can best be applied without any blowing of trumpets by the well-trained minister in the quiet discharge of his duties as pastor and preacher.

PASTORAL COUNSELING

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MUCH of what passes for pastoral counseling today seems to fall into two categories: therapeutic imperialism and pseudo-psychiatry. Many ministers enter upon the exercise of the pastoral aspect of the Church's ministry, feeling that for centuries it has been the pastor to whom people have turned when in difficulty. While we would probably not admit it verbally, it would seem that many of us depend rather heavily on the historical tradition of the pastoral ministry as establishing our almost exclusive "right" to counsel with people. The physician, the psychologist, the social caseworker, and the psychiatrist are admitted somewhat reluctantly, and seem perhaps to be viewed as intruders or necessary evils. One clergyman recently declined to attend a seminar on psychiatric treatment held in a State hospital, on the grounds that while such information was interesting, it was not necessary to his ministry. He added that he would visit some of the patients within the institution, offering them prayer and sacrament, while we listened to a physician.

On the other hand, there are others of us who seem to be hypnotized by the strong public interest in extra-Church or non-religious branches of the healing ministry, particularly psychiatry. Impressed with the clinical approach, we tend to lose sight of the unique contributions which the ministers of God can make to persons who are working through their difficulties.

Some of those in other professions, who understand their own functions, are secure within them, and who also have specific appreciation for religion (both their own and others'), look upon this tendency with apprehension. One psychoanalyst was quoted recently as saying that it is his hope that as we pastors become oriented to the other branches of the healing profession, we will not lose the consciousness of our own function and contribution.

At the Pastoral Counseling Center, which is located at St. Paul's Cathedral, Boston, we conceive of our ministry as an integral part of the life of the Christian Church. In no sense do we feel that we are running a "clinic." The interpretation given to our services — mostly implicitly, but sometimes explicitly — both to individuals who come for pastoral counseling as well as to interested parish and community groups who invite us to talk about our ministry, finds the persons concerned with a

hopeful feeling and a vague belief that the Church will prove interested in them and in their difficulties.

Ours is an interdenominational service. Although our physical location is within an Episcopal Cathedral, most of those who come to us are not of that communion. Probably one-half of the persons whom we see have no specific religious affiliation. Yet, in times of stress they turn to the Church. Naturally, we have no restrictive policy as to whom we will see, and who may be afforded pastoral counseling. It is sometimes humorously said that the only "qualification" for eligibility for pastoral counseling is to be alive!

The following summarized experiences indicate something of the variety of problems which persons bring when the Church opens its doors to the religious and general community.

I

A forty-five year old woman, Mrs. A, came with her twenty-five year old son. She had been referred by a parish clergyman who had incorrectly informed her that the Pastoral Counseling Center would provide \$100 to cover temporary institutional care for her alcoholic husband.

This woman was seen three times, once each week. In the beginning she emphasized her need of the \$100, referred frequently to the fact that it had been promised, and indicated her bewilderment and annoyance that it was not forthcoming. She revealed that her husband had been married three times but had assumed no responsibility for the children of the previous marriages. Mrs. A. herself has been married twice. She explained that she and her husband were living with her father-in-law (a widower) because he was "not financially able to live alone." In the first interview the son described the step-father as a "germ who is destroying my mother's life." The only solution, he believed, was divorce. He asked if it was sinful to call his step-father a "germ."

By the third interview a sufficiently strong pastoral relationship had been established so that a referral to a family agency was acceptable. Treatment was then provided by a caseworker with whom the pastoral counselor conferred several times. Some home calls were made by the caseworker who succeeded in interviewing the husband. As understanding among the family members improved, tension diminished and the husband eventually stopped drinking and secured employment.

II

Mr. B came to the Center with a request for money so that he could eat. He was in his early twenties, of average stature with a tendency towards obesity, and had the general effect of an adolescent. He was untidy and, except for his face, was in obvious need of a bath.

As Mr. B continued talking, he presented the story of being an orphan, complaining that he had no one who cared for him, and that it didn't seem to matter what happened to him. He said that his only

brother had been killed in the war and that loss was "the last straw." His mother had died previous to the brother's death, and these multiple losses had become unbearable. His mother had been his only source of comfort. "After I talked with her, things sort of ironed out." He acknowledged being a Roman Catholic but admitted that he had not been to confession or Communion for three years.

Because Mr. B had been known for several years to various social agencies, a referral was attempted to the last agency active. The pastoral counselor was informed that under no circumstances would the agency consider re-opening the case. It was explained by them that Mr. B's family had attempted to help him, having offered to take him back into the home if he would keep clean and try to maintain employment.

The pastoral counselor conferred with the agency further, proposing that the help of the parish priest be secured. This was done and, at the latter's suggestion, Mr. B went to confession and began regular Church attendance. Soon he secured employment. Because Mr. B was in serious need of glasses, the agency arranged a clinic appointment for refraction and the purchase of glasses at minimum cost.

With his first pay Mr. B voluntarily began to repay the agency, funds which had been advanced previously. Some effort towards cleanliness became apparent, clothing was purchased, and pride in his new appearance was obvious. Mr. B came to the Center several times to report compliments which he had received on his work. The social agency attempted further interpretation to his family. The pastoral counselor recommended to the agency that they consider, as their function would permit, referral for psychiatric examination and recommendation during this "successful" episode. It had appeared to the pastoral counselor that Mr. B's distortion of facts about being an orphan was symbolic of his attempts at denial of his parents and family, with the inevitable conflict following.

III

Miss C, an eighty-two year old spinster, came to the Center and asked assistance in finding employment. She stated with very positive feeling that she was in good health, had excellent references, and was handicapped by living in a very biased society as was evident by the fact that "they" would not give her a job. Furthermore, she did not want charity nor would she accept it.

This woman was seen at Center three times during which she finally came to consider that accepting Old Age Assistance was not ungodly nor was it charity. She was then referred to a social agency that worked with older people, and they secured the necessary forms, assisted Miss C in filling them out and having them properly filed. The agency also helped her obtain a better room which was sanitary and bright, in contrast to the garret quarters in which she had been isolated. Furthermore they completed application for her admittance to a home for elderly people and she is now awaiting acceptance.

These arrangements took place over a period of nearly two months. Miss C returned to the Center to report in detail the various steps to which she had consented and, in effect, invited religious approval. She was encouraged to continue with her program and she left the Center, feeling that "the Church" had blessed her plans.

IV

Mrs. D, a grey-haired woman in her fifties who has been married only four months, presented a problem of financial need. She explained that she felt uncomfortable about seeking help from the Church, since she was no longer a "believer," although she came from a fundamentalistic background and had been a church social worker. She also indicated concern for her cousin who is living in the D household.

Several weekly interviews were held with Mrs. D, during which she gradually revealed her concern about her own relationship to her newly acquired husband. This marriage was the most important thing in her life and she was anxious to avoid anything which would inhibit its growing development. Her husband's salary was adequate for only two, and Mrs. D did not believe it "fair" to expect him to support her cousin.

As the family relationship was mutually explored, Mrs. D seemed to lose any concern regarding her departure from early religious feelings. The focus gradually shifted to relieving the financial burden of supporting the dependent cousin. When Mrs. D was able to indicate her willingness to help her cousin apply for and accept public assistance, referral was made to a family agency for temporary financial assistance for the cousin while his application was being processed.

Although Mrs. D had stated in an earlier interview that her husband would never be able to come in and talk, after the cousin's application had been filed, both Mrs. D and her husband came to the Center to express their appreciation and pleasure with the solution of their difficulty.

V

Mr. E desired information about becoming a clergyman. He believed that the world is a "very wicked place" and that "going into the Church" would enable him to find peace of mind and escape from a "money-mad civilization."

As Mr. E was given an opportunity to continue sharing his own feelings about the world being "a very wicked place," he was able eventually to reveal that he had been a patient in a mental hospital, having returned to the community four weeks previously. He explained that as a youngster he had been very active in the Church but during adolescence had slipped away. He described his renewed interest in religion as coming "at the time when my wife and I began to have trouble." He followed this with further information on their marriage. His wife was dominated by her parents. There had been many arguments over the care and nurture of their four-year-old daughter, the wife's parents having become

increasingly involved in these differences. With deep feeling Mr. E stated that "she and they always won." It was with evident apprehension that Mr. E also revealed that he suffered from epilepsy and that the behavior which this disease provoked from time to time seemed to have become unbearable for his wife.

As the tension developed, the in-laws allegedly became more active in the conflict, and on several occasions and in his presence they described Mr. E as "a nut." The wife was advised by them to leave her husband and return home with the child.

Mr. E turned more and more to the Bible for help and seemed particularly attracted to the Book of Revelation. Although he had taken up an active relationship in a large, downtown parish, he was neither known to or by the staff of that church. As domestic difficulties became more involved, his epileptic attacks increased in frequency. He was disturbed by neighborhood talk of war with Russia, and his wife's threats of leaving increased in number and intensity. He began to feel that the world was perishing for lack of love. When his wife finally did leave him and took the child and moved to her parents' home, Mr. E began to preach in the streets that the world needed love.

He was apprehended by the police one night and placed on observation in a hospital. He was committed to a mental institution where he remained for a year. He stated that his conversations with a psychiatric social worker at this hospital proved helpful to him because "she allowed me to talk about anything in which I was interested, gave me plenty of time, and didn't look at me funny when I talked about God." This was allegedly in contrast to the attitude of the psychiatrist who was in charge of his case. As his treatment proceeded, he found that his religious ideas proved to help him and to be less upsetting because, he said, he had begun to sort out some religious feelings which didn't seem to help.

As the pastoral counseling hours continued, Mr. E dropped completely the idea of going into the ministry, feeling more satisfaction in his present employment to which he had brought previous professional training and experience. He began to talk about the possibility of divorce finally and to evidence desire to see his child. He consented to the pastoral counselor's proposal that the wife be requested to come to the Center. When no reply had come at the end of almost a month, Mr. E agreed to the suggestion that assistance be sought from a family society in the community in which his wife was now living with her parents. This was done and a caseworker tried to get the wife to come and see her but was unsuccessful. Mr. E's decision was to institute proceedings for divorce but he wondered how his Church (Episcopal) would regard this. The canon on Holy Matrimony was explained and it was suggested that he might like the pastoral counselor to confer with the Bishop for his counsel. The Bishop's interest encompassed all the details of this family's history and experience, and written record was given him for his files con-

cerning the parishioner's petitioning the Bishop for counsel before taking any legal action.

VI

Miss F, an attractive, well-spoken Negress, was referred by a parish clergyman. She had heard him preach, and several "problem-centered" sermons led her to talk to him personally. After a thorough, exploratory and allegedly judgmental interview, she was advised to come to the Center where she arrived with a copy of *Human Destiny*.

The first interview began with a question by Miss F as to whether the pastoral counselor would denounce her for her sins as the parish minister allegedly had done, or whether the counselor would try to understand and help her. Although her apprehension continued for awhile, it gradually diminished and she became more relaxed and confided more deeply concerning herself and her feelings.

Early in the relationship she stated that she had been going to a psychiatric clinic but thought that probably a clergyman could do more for her. She had read some books on religion and psychiatry, from which she had concluded that God and the minister might well displace the psychiatrist. Some interpretation was attempted at this point and she was encouraged to continue her treatment.

Miss F is the mother of a child born out of wedlock and which has been placed in a foster home by a social agency. The caseworker who arranged the placement apparently had been very helpful in providing supportive therapy.

During the holiday season a greeting card was received at the Center from Miss F on which she said it was "good to have a friend who understands." It would appear that through acceptance by the Church, as reflected in the pastoral counselor, Miss F's general feeling tone toward herself became helpful and positive rather than self-condemnatory and guilt-ridden.

It seems increasingly clear that the present-day pastor has a unique contribution to make in the art and science of helping people. It would also seem that it is of import for him to define continually, both in theory and in practice, what his function is, and to understand more specifically the functions and contributions of other members in the helping professions of the present day. Continued efforts towards these goals will help to accomplish the meeting of the spiritual and material needs of the men, women and children to whom it is our corporate privilege and responsibility to minister.

AN EXPERIENCE IN INTERPRETING DEATH TO CHILDREN

PAULINE BEST

Simmons College School of Social Work

CAN or should we expect young children to comprehend any part of the Christian concept of death? Or should we, as parents and educators, talk around this subject until the child is old enough to "think for himself"? In a recent parish experience, when working as Director of Christian Education, I received a very positive answer to this. Early on a Sunday morning one of the young fathers in the parish called the church to say that his son, Billy, age five, had died during the night after a twelve hour illness, the diagnosis being pneumonia with complications.

The family of the child we knew well at the church and was as typical of the parish as any family could be. The parish itself is located in an industrial town of about 25,000, where the average wage-earner in good times probably received around thirty-five dollars a week. The parish has about 1600 communicants made up largely of middle-aged and young people. There had been in existence for years a fairly large Church School, made up almost exclusively of children of families of factory and railroad employees. Many of the children came from "mixed marriages" (i.e., Roman Catholic and Protestant marriages) the town being at least 80% Irish Roman Catholic.

The father of Billy had been a Roman Catholic himself, married to a Protestant girl. His own family, of foreign extraction, remained quite active in the Roman Catholic Church, but he attended nowhere himself. His wife was a regular member of our parish, and both she and the father were desirous of having their children active there. They had several enthusiastic children who were definitely not fair-weather Church School members. When they were absent, we knew immediately it was caused by illness! During this particular year, the oldest boy, age twelve, had perfect attendance in Church School, sang every Sunday in the boys' choir, and was a member of the confirmation class. The girl, age eleven, also had perfect attendance, was an active member of the girls' Church School choir and the junior activities group. The boy, whose death we are about to consider, was five, having his first year in the kindergarten of the Church School. Billy was always first in Church School, coming early with his older brother and sister, playing in the sandbox long before the other children started to arrive. The mother was unable to attend church regularly, having a baby boy six months old, but she never failed to be present at special functions which included her children, and always

called the parish if the children were delayed or unable to be present because of illness.

The last contact with the family before the father's telephone call was the previous day when I had called the family to ask about the absence of the boy from confirmation class, and the girl from junior activities group. I was informed by the mother that all in the family, except the father and the baby, had "strep" throats, and that Billy had just been taken to the hospital since the doctor wasn't certain about him. She was naturally nervous and upset (she was a markedly nervous person anyhow), with two children in bed, one in the hospital, and on the verge of needing bed care herself. She promised to let us know about Billy as soon as the doctor made a diagnosis.

The next day, after receiving the news of Billy's death half an hour before the opening of Church School, I immediately realized that the news of his death should be shared with his classmates that morning, before they heard such answers to their questions as "Billy is a little angel now", or overheard, "Can God be good when He takes small children?" Though difficult, here was an excellent opportunity to give children the Christian approach to the mystery of death. This would be more real to them than previous experiences of the death of a pet, or a time in the home when confusion reigned, and mother and daddy cried all the time. With these thoughts in mind, I began to make careful plans for the morning session.

One of the immediate considerations was the group of teachers in charge of the kindergarten department. Except for one teacher, a rather shy mother, we had here a group of high school girls, who, with the exception of one, unfortunately had little real enthusiasm for Church School teaching. They did like children and were willing, but they failed to show any maturity in preparation or presentation of lessons, or in their responsibility for being present and on time. The kindergarten teacher herself quite often did not appear, notifying us at the last moment or just as Church School would begin, and the class was left to an assistant teacher. With this in mind, plus having received a message from the office that the kindergarten teacher had "overslept," I drew two of the teachers aside as they arrived, and told them what had happened. I did this hoping to ward off any show of surprise and horror when we discussed the subject in Church School. The third grade girls' teacher, who also played the piano, was a most dependable girl, and in her usual helpful way she volunteered to go to each of the teachers as they arrived and explain the situation to them. I asked the teachers to answer any of the children's questions honestly, and to participate in the children's discussion if they wished. We decided to have no regular class sessions, only the regular worship service, with a longer discussion period than usual, and more music.

The worship service was attended by the children of the kindergarten — first, second and third graders. This made about seventy children in

all, and as usual, a number of them arrived early and played in the sandbox, with toys, or grouped themselves around the browsing table. Since Billy was the first to arrive every Sunday, and had a record of perfect attendance, several children came to me and said "I wonder where Billy is." To this I answered, "Billy won't be here today — I will tell you why after a while." This satisfied them and in a very short time there were enough present to gather together in front of the children's altar and begin the somewhat formal service of worship.

The service was familiar to the children and I was careful to use only familiar and loved prayers and songs. We always had our discussion after the offering had been presented, and the children had learned, over a long period of time, to sit back in their chairs, and to participate in the subject brought up for that day. The only new thing to them this day was the subject, "Death".

I started the discussion by asking how many had little brothers or sisters at home, and of course many hands went up, and all were eager to tell about their brother or sister. We talked about what they did, how they learned to crawl, to walk and to talk. After this enthusiasm had worn off a bit, I asked whether these baby brothers and sisters knew who their mothers and daddies were going to be before they were born. The children thought for about thirty seconds, and several volunteered that they didn't know. One child said, "God gives them a mother and daddy." As usual, the children had given their teacher a good lead. We talked at some length about the fact that little Martha, and Mary, and Johnnie didn't know who their mother and daddy would be when they were born, but had to learn to recognize them as their mothers cared for them and played with them. We talked about how the little baby didn't know he was going to learn to talk or to walk, how he didn't know he would go to school.

And when he went to school, did he know who his teacher would be? But there was a school and there was a teacher. Did the baby know what Church School would be like? No, but he went and found "nice teachers". The children supplied the answers to these questions, of course, and all seemed interested in what we were talking about. We counted the grades in school on our fingers — all the way up to twelve and a third grader announced, "Then he can do what he wants." Suggestions of "what he wants" included "more school like my uncle", "get married", and "get a job". A second grade child volunteered, "I guess God helps you decide." The teacher said, "Yes, I think He does. God must love that little baby very much to help him to learn to know his mother and daddy, to learn to talk and to walk, to help him in school, and then to help him decide what to do when he finishes school. But I wonder, does God still love him when the baby grows up and gets old?" An indignant child said, "My grandmother is old and God loves her — and she comes to church every Sunday." And now there was an enthusiastic discussion about old people and how much they knew. And we decided God loved the old people too.

I decided this was the time for a break in the discussion, and to let the children pick a song. They chose "Listen to our Easter Song", this being just before the Easter season. These are the words:

Listen to our Easter song,
God is love, God is love;
Now and all the whole year long,
God is love.
Flowers wake that safe were hidden,
Birds come back as they were bidden;
Children sing their Easter song,
God is love.

After this I continued. "We said that people do not know what will happen to them a great many times — do they know what will happen to them when they die?" One kindergarten child whose father had died the week before, said, "God takes dead people to live with Him, but we don't know how." An older boy said, "We don't know, but God loves you whether you are dead or alive." The teacher agreed, and felt in her own mind that the time to share the news had come.

"Children, a very sad thing happened last night. Billy died last night, and that is why he isn't in Church School this morning." None of the children said anything until a third grader spoke up and said, "He was a nice little boy, wasn't he." Another child (first grade) said, "Did his mother cry?" I answered, "I think she probably did, and she will cry a great deal, for she will miss Billy very much. Sometimes it makes us feel better to cry, doesn't it?" John said, "Billy was a nice little boy." "Perhaps there are some other things you would like to say about Billy, and we could tell them to his mother, so she would know how much we liked Billy too." The children were delighted, and this was their list:

1. Billy always came on time.
2. Billy smiled a great deal.
3. Billy shared the sandbox.
4. Billy wasn't naughty during prayers.
5. Billy liked to sing.
6. Billy liked to race around the room
when the teacher wasn't looking.
7. Billy liked Church School.
8. Billy was fun.

After this I said, "Do you know where Billy is today or what he is doing?" This was the first question which seemed to perplex the children, and I began to wonder if I had carried the subject too far, when an eight year old said, "We don't know, but we do know God is loving him." Several other children seized upon this eagerly, and rephrased it.

Then in a brief summary, I said something to this effect: "We said Billy didn't know who his mother and daddy would be, but God gave him a mother and daddy to care for him. He didn't know about brothers and sisters, but God gave him brothers and sisters. Billy didn't know about

Church School, but God loved him and gave Miss Jones to love him. And now Billy has died, and God still loves him and is taking care of him."

A child said here, "We don't have to worry about him, do we?"

The teacher went on, "No, we don't have to worry about him because God loves him. The things we remember about Billy are the part of Billy that is with God now. We will miss Billy very much, but we can say prayers for him, and he can say prayers for us, just like we always do." After a moment of silence, we decided to write a prayer to say about Billy. The children gave suggestions, and this prayer evolved: "Dear God, we thank you that you are so nice that we do not have to worry about our friend, Billy. We know you love him and are caring for him. Amen." We knelt together and after the prayer, when asked for a song selection, the children chose, "Praise Him, Praise Him, all ye little children, God is love, God is love."

In the afternoon, after I had finished writing a summary of the morning's discussion, I was telling the pastor about the session we had in Church School. He was interested, but questioned the advisability of sending the letter at that particular time, feeling that it might add to the grief of the parents, rather than help. He suggested waiting a week or two before mailing the letter. I considered this possibility and hesitated before sending the letter, but finally sent it, knowing that, right or wrong, this was what the children expected.

The minister was naturally at the home quite often that day and the day following, and when he returned the second day, came and said that the letter I had sent the parents was the finest he had ever read. The parents had given him the letter to read, and said that this was what was helping them most in their grief, and was their first step toward acceptance of Billy's death. The pastor then asked that I give him a copy of the prayer which he would use at the close of the funeral service, and also at the bedside of the mother who was prostrate with grief.

During the weeks following there came reports from parents who had received their first news of this death from their younger children, and who were amazed as to how naturally the children seemed to accept it. The day following the funeral I spent with the mother of Billy, and she too remarked on this. "If children can see that so well, why do we adults make it so difficult for ourselves." Her husband said that several people had come to the house so emotionally upset, that it made it difficult for the family, and they began sharing the letter with relatives and friends. Though it provided no answer for some of them, it did help them to see more clearly, and accept the fact of Billy's death more calmly.

Both the pastor and I were pleased to find the older children in the family continuing in Church School, choir and activities. The parents had been alarmed to find that the grief of the other children was not of longer duration, but the pastor helped them to see that this was part of

being so young. The Sunday following the funeral, Billy's mother came to church, and two weeks later on Easter, she attended the Children's Service. Following the service I went to her and said I felt she had been very brave to come and watch the little ones march around the church. Her only answer was, "You see, I have other children too."

In Church School there was no more mention of Billy's death until about six weeks later. We were learning the words to the doxology, and I was wondering how many children were really getting any meaning out of "Ye heavenly host" when a six-year-old said, "That means Billy, doesn't it?" The other children, not the teacher, assured him that it did.

ON-THE-JOB TRAINING OF PASTORS IN THEIR OWN HOSPITAL

REV. MALCOLM B. BALLINGER, *Chaplain*
University Hospital

FREQUENTLY pastors and hospital administrators are concerned about the problem of pastoral calls on the sick in hospitals. Those hospitals which do not have regularly assigned and clinically trained chaplains on their staffs quite often do not have a satisfactory arrangement — either from the viewpoint of the hospital or from the viewpoint of the pastors. This article tells how the problem has been handled in one hospital to the satisfaction of both the hospital administration and the local pastors.

A pastor of a church in a nearby city became concerned about the problem of ministering to the unchurched patients in the local hospital. He thought the solution was to call in a chaplain from another hospital to make such calls one afternoon a week. But it was seen that such an arrangement would not be adequate if effective pastoral calls were made, nor would it do anything to improve the quality of pastoral calls made by the local pastors in the hospital. It was decided, therefore, to set up an abbreviated clinical pastoral training program in the hospital whereby local pastors could receive on-the-job training and experience in their own local hospital. Such a program would train pastors how to make better and more effective calls, would acquaint them with the hospital, would promote mutual understanding and cooperation between the pastors and the hospital, and would lead to a practical solution of the problem of visitation for the unchurched.

A committee of four pastors presented an outline of the plan to the superintendent of the hospital. He was interested in the plan immediately. The training program would last for six weeks, one day each week. Each Tuesday the interested pastors would meet in the hospital to attend lectures, seminars, discussions, and make supervised pastoral calls on patients. During the first two weeks each pastor would spend an additional two half-days in the hospital as an orderly in order that he might become better acquainted with hospital personnel and hospital routine, work with patients largely on the basis of service, develop emotional control when confronted with unpleasant situations, acquire the humility which menial tasks can give, and gain an appreciation of the functions of members of the healing professions. During the last four weeks each pastor would make certain pastoral calls on assigned patients, write up each call according to a prescribed form, and submit the written record of the call for evaluation and criticism. Throughout the entire six weeks

instructions concerning fundamental principles of pastoral care would be given. Emphasis would be placed on developing pastoral skills, on understanding the spiritual and emotional problems of individuals under stress, and on teamwork between pastors and hospital personnel and between pastors of different denominations.

The response of the local pastors to the proposed training program was much greater than expected. A total of eighteen enrolled and received the training. They represented the following denominations: African Methodist Episcopal, Baptist, Congregational, Church of God in Christ, Episcopal, Evangelistic Tabernacle, Free Methodist, Lutheran, Methodist, Nazarene, Presbyterian, Salvation Army.

The two half-days spent as orderlies proved to be an interesting and helpful experience for the pastors. Although they were given no training or instructions beforehand, they put aside their clerical garb, donned white coats, and went to work at seven o'clock in the morning. They passed out breakfast trays and fed patients, they wheeled patients to Surgery, delivered specimens to the Laboratory, helped lift and move patients, gave tub baths, helped make beds, watched operations in Surgery and babies delivered in the Delivery Room, assisted doctors and nurses in the Emergency Room, and helped in various other ways around the hospital.

The pastors had the following evaluations to make about the orderly experiences: "It established a contact between me and the nurses and doctors as well as with the sick people." "It gave me deeper insight into the care of and experiences of the sick." "It helped me understand hospital procedure, and to observe the feelings of patients and the importance of 'little things' to the sick." "It gave me my first experience with blood and serious injuries; I know that I can 'take it' now."

Lectures, discussions, and seminars were conducted on various techniques of ministering to the sick, and the spiritual and psychological principles underlying them. Some of the topics discussed were: "Emotional and Spiritual Factors in Illness," "Some Do's and Dont's of Hospital Visitation," "Ministering to the Critically Ill, the Chronically Ill, the Bereaved, and the Dying." "Understanding the Sick Child," "What to do with Alcoholics and People Who Threaten Suicide," "Some Personality Difficulties of Clergymen," "The Use of Prayer and Literature in the Sick Room."

The pastors evaluated these classes as follows: "This course helped me understand the fears and problems of the sick, and how to assist them to face their fears and conquer them." "It helped me understand the feelings and spiritual needs of the sick, and the importance of the non-directive method in ministering to the sick." "The course helped repudiate some strange theories and practices in pastoral counseling and visitation which are not successful, and presented a 'better way' to do it and how and why it works, and demonstrated that this is the effective

way by actual visitation." "It made pastors of blundering theological preachers, and helped us serve more effectively our sick people." "It helped us develop a better balanced ministry."

Not only did the pastors benefit from the clinical training experience, but the hospital and its personnel expressed appreciation for the contact with the pastors and gained an interest in the contribution the pastors can make to ministering to the sick. The superintendent of the hospital had this to say at the conclusion of the course: "We people in the hospital and medical field, in the majority, recognize the influence of powers beyond our ability in healing the sick. Perhaps we fail in expressing these thoughts, but we are very much aware of the need for such assistance. Psychologically, we know that each patient must be considered as an individual — both medically and spiritually. The ministers trained under this program will be very helpful to us and we are looking forward to the assistance that the clinically trained minister will be able to give us." The Director of Nursing likewise expressed her enthusiasm for the training program, and invited the pastors to return for further opportunities for clinical training. The Hostess of the hospital attended all the classes along with the pastors and expressed her appreciation for the many helps she received for making her own work more effective. She reported that the personnel of the hospital were pleased with their contacts with the pastors. It must be said here that without the splendid cooperation and help from the personnel of the hospital such a training program would have been impossible.

At the conclusion of the training program the Committee on Hospital Visitation of the local Ministerial Association and the Superintendent of the hospital worked out an on-going plan for visitation in the hospital. In addition to the mailing of a postal card to pastors notifying them whenever members of their congregations are hospitalized, the hospital will maintain an up-to-date list each day of newly admitted patients who express no church affiliation or preference other than that they are "Protestant." All pastors who participated in the clinical training program will have access to this list, and when they make regular visits to the hospital to see their own people will select certain patients from this list, initial those names on the list, and make pastoral calls. At the close of each day one of two pastors of the group who are responsible for hospital visitation for that week will call at the hospital, will inspect the list of new patients, and will then endeavor to call on all patients who have not yet been visited by his colleagues. Two pastors are assigned this responsibility each week.

It is also planned to present to each new patient a small devotional booklet: "Strength for Hospital Days." This booklet will carry a special message informing the patient of this service to patients who desire pastoral calls.

Numerous improvements can and will be made in future abbreviated programs of clinical pastoral training in local hospitals. It is to be re-

gretted that all pastors cannot take the full training program in the regular Summer School of Pastoral Care. Since it is too difficult for most pastors to take six full weeks time off from their busy pastorates for such a course, then such an abbreviated, introductory course is the next best. It is believed that it does equip the pastors with some of the fundamentals of effective pastoral care, and may perhaps awaken in them an interest in further training. In any event, it is believed that they will be making better and more effective pastoral calls on the sick in their own local hospital than they were prior to their introduction to this On-The-Job training program. It is also believed that the problem of pastoral visitation in one hospital has been solved to the satisfaction of both the hospital administration and the local pastors.

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EDITORIALS

Outler's "Context" for Counseling

The following points are made in order to clarify our "contextual" differences with non-religious counselors, not to disagree with Professor Outler's very suggestive formulations. By defining the issues we may help to resolve them.

What is man? Christian "anthropology" implies humility, as Outler says. But this is a matter of logic, not of actual fact. Logically, non-religious counselors can be humble too, even though their ultimate metaphysic may not go far enough. They would agree that we are all "creatures" or a part of the natural order. They would not agree that we are also a part of the order of grace. Some of them would argue that the Christian belief that men have supernatural gifts tends to *undercut* our humility in facing the facts of life!

Man bears God's image. Non-religious counselors could (and in most cases would) agree that man is unique, both psycho-physically and in

value terms. They, too, would repudiate any idea that he is a mere tool! But they rest their valuation of man on humanist rather than theist grounds, and ask whether the *imago* doctrine actually enhances human values in practice any more than a man-for-his-own-sake philosophy does.

Man is a free and responsible self. Non-religious counselors can, and do, agree that men have limited freedom and (therefore) partial responsibility. More than this no Christian could claim. Christians are not libertarians, on the one hand, or mechanistic determinists, on the other. Is there anything peculiarly Christian in our "context" at this point?

Man is designed for life in community. Non-religious counselors agree with us that man is a social being, constitutionally. They would not, however, accept the Creationist and teleological beliefs with which we explain man's social nature, but would rest their case for it on empirical observation. Theology is not needed to reveal the fact! Is it needed to "sanction" it?

Man has eternity in his heart. Here is a clear-cut difference with non-religious counselors. They do not attribute immortality to man. However, "immortality" is a pagan doctrine, not a New Testament idea. The hope of Resurrection denies that eternal life is a quality of human being. The real question, therefore, is: Does this "contingent" view of eternal life make *Christian* counseling a cause or cure of anxiety; is there, perhaps, more reassurance in the pagan idea of immortality; or, in no idea of personal survival at all?

Christian counselors will have no Yahweh complex. This is logically sound but emotionally questionable. There is, in fact, a strong tendency to "play God" in those who believe in Him, precisely because they usually also believe they know what His will is and what His truth is. The intellectual pretensions of non-believers, in this important respect, are humbler than the believers', and consequently their drive to dominate or "order" others is not as great.

Christian faith rules out mechanism and idealism. This is true. But to call the theories of Marx, Mead and Freud "behavioristic" is to use the term in some looser sense than psychologists do. It confuses the issue. And certainly, as Outler says, Christian doctrine is more realistic than *some* environmental theories. But experience does not show that *in actual counseling situations* Christians (as such) are any more realistic than others.

Christianity is the Clue to the Human Predicament. The doctrine of original sin is described by Paul Tillich as "badly named but profoundly true." The term suggests guilt and responsibility to the theologically untrained, and therefore blocks understanding between them and Christians. Certainly a dynamic interpretation of human behavior, in terms of ego needs, helps to explain how "original sin" operates. It makes our conception of man's predicament (self-centeredness) more circumstantial. Infantile egocentricity leads to anxiety, anxiety leads to egoen-

hancement: a vicious circle. Psychoanalysis assumes that self-knowledge will overcome the predicament, although this is somewhat qualified by Rank and a few others. Christianity says that only grace "from outside a man" will overcome it. This issue is a recognized one in Alcoholic Anonymous. Therapeutically, does it work better to offer salvation by a new "rallying center" in God, or by "reorganizing a personality" around its own center? Here is a real issue in counseling philosophy.

The basis of fellowship is mutual concern. We need to reflect more upon the parallels between Christian personalism (I-Thou-It, in Buber's formula) and the cardinal principles of case work and counseling. Outler's "security in love" corresponds to the canon of *rapprochement*; his "recognition of personal worth" corresponds to the secular worker's "accrediting of personality" in the client or counselee; his "essential inviolability of each human soul" corresponds to the rule against manipulating people.

Christian social values are loyalties rather than rights. This seems to be the only highly questionable part of Outler's paper. It appears to be another version of the erroneous idea that Christians are concerned with duties, not with rights. But duties (or loyalties) and rights are ambivalent, inherent in each other; they are not separable. We cannot give men what is their due unless we recognize their rights. Love transcends justice; it does not replace it. No context for counseling can ignore ethics, least of all *Christian* counseling! Furthermore, is it really "bootless" to interpret a counselee's problem by reference to social institutions (the family, social and economic status)? To say that social rights are "abstract" is in fact to *abstract* human problems in a very unreal way. This kind of individualistic reasoning is not needed to justify our treating counselees *as persons*, whatever their social integrations happen to be. By minimizing the *social context* of human problems we might actually undermine our own counseling goals.

The 1948 Washington Conference

A second Conference on Religion and Psychiatry was held in Washington on April 16 and 17 under the auspices of the Institute of Pastoral Care in cooperation with the National Committee for Mental Hygiene, the Council for Clinical Training, and the Commission on Religion and Health of the Federal Council of Churches of Christ in America. Nearly fifty psychiatrists and clergy were in attendance. The program was evenly divided between clinical and theoretical subjects. In most cases the topics were addressed by both a clergyman and a psychiatrist. Considerable time was allowed for discussion.

The questions which were considered this year were "Methods of Therapy," "The Therapeutic Relationship," "The Relationship of Values to Behaviour," "Religion and Psycho-analysis," "Values: Absolute or Relative?" and "Free Will and Determinism." Most of the presentations as well as the discussions were recorded, and it is expected that

arrangements will be made for their publication through various journals. It is also hoped that a summary of the conference may be made available.

An Acknowledgment

When the first issue of the *Journal* was being assembled, it was unanimously agreed that every effort should be made to strive for as an attractive format as possible within a limited budget. Letters from our readers confirm our growing conviction that we can be reasonably proud of the results.

The credit, however, belongs elsewhere. We are particularly indebted to one of the most capable typographers in the United States today, Fred Weber of Philadelphia, who has generously criticized each issue, making specific suggestions which would enhance the total appearance of the *Journal*. That it has been possible to carry out these proposals has been due to the splendid cooperation of our printers, the Cosmos Press of Cambridge, Massachusetts, who have entered whole-heartedly into the spirit of developing a publication which has quality in appearance as well as in content.

Worcester Re-opens

Once again the historic Worcester State Hospital opens its doors to the clinical training of theological students and clergy. Located on the outskirts of Worcester, Massachusetts, this famous mental hospital has a population of nearly 3,000 patients. Dynamic therapy, continuous research, and teaching traditions have always characterized this remarkable institution. It was here that Anton T. Boisen first began the clinical training of future clergy. Among the early students who have since become leaders in the field of pastoral work are Carroll A. Wise, Russell L. Dicks, and Seward Hiltner. The training program this summer will be under the supervision of Chaplain Albert Greene and his associate, The Rev. Thomas Bridges. Dr. Bardwell H. Flower is the Superintendent of the hospital.

What Is Psychotherapy?

Almost any intangible aid or healing effort applied to personal problems seems to pass for "psychotherapy" today. The term is no longer restricted to psychiatrists but is now used by psychologists, clergymen and social workers. To attempt a definition would require more space than is editorially expedient. Five helpful criteria, however, have been suggested by Dr. Harry Solomon, medical director of the Boston Psychopathic Hospital and professor of psychiatry at Harvard. They are as follows: (1) Has this therapy been planned? (2) Is it based upon a diagnosis? (3) Can it be applied to others? (4) Is it founded upon a knowledge of human nature? (5) Has it been clinically demonstrated?

Certainly such questions could serve as helpful guides in attempting to clarify our pastoral methods in ministering to individuals.

International Mental Health

The international implications of mental hygiene will be discussed at an International Congress called for this purpose and to be held in London, England, August 11-21. While little effort has apparently been made to provide in the program for the contributions of religion as such, nevertheless certain individuals including Seward Hiltner of New York and T. Berry Brazelton, M.D., of Boston have shown commendable initiative in enlisting the interest and support of the Protestant clergy for what promises to be a significant affair.

Just as individuals rarely get into difficulties by themselves, so too with nations. It behooves us individually and collectively, therefore, to seek to apply all of our knowledge and all of our insights regarding human nature to the imperative and timely problem of international relations.

Change of Address

It will be noted that with this issue the address of both the Institute of Pastoral Care and the *Journal* has been moved to Cambridge, Massachusetts. This change, however, will in no way affect our training program at the Massachusetts General Hospital.

For some time it has been felt that the administrative and publishing activities of the Institute should be extricated from the training program at the Massachusetts General Hospital. Harvard University, through its Divinity School, generously offered us office space at Andover Hall. After careful consideration the Board of Governors has approved of this move, and our address is now officially Andover Hall, Francis Avenue, Cambridge 38, Massachusetts.

Our Contributors

Professor Outler (*A Christian Context for Counseling*) has long been interested in the development of counseling as a pastoral tool. He has been particularly concerned, as a theologian, with the theological implications in adopting a secular therapy for religious purposes. His paper is so stimulating and provocative that we are commenting upon it editorially.

Dr. Boisen (*The Minister as a Counselor*) is the acknowledged founder of the clinical pastoral training movement. He has given generously of his ministry to both the Worcester State Hospital and the Elgin State

Hospital of which he is now Chaplain. His book, *The Exploration of the Inner World*,¹ is a monument to his devotion to research.

Mr. Wiesbauer (*Pastoral Counseling*) has had the unique opportunity of receiving clinical training both as a clergyman and as a social case-worker. He not only directs the Pastoral Counseling Center in Boston but also serves as an Associate Director of the Institute of Pastoral Care and as an editor of the *Journal*.

Miss Best (*An Experience in Interpreting Death to Children*) enrolled last fall in the Simmons College School of Social Work after several successful years in the field of religious education. Because she plans to enter church social work, Miss Best's field work assignment has been with the Pastoral Counseling Center in Boston where she has demonstrated a remarkable skill for helping people. While a student at the Philadelphia Divinity School she received clinical pastoral training and, therefore, brings to her newly chosen profession a rich background of both experience and training.

Chaplain Ballinger (*On-the-Job Training. . .*) is not only Protestant Chaplain of the University Hospital at Ann Arbor, Michigan, and Director of Clinical Pastoral Training at that center, but he also serves as Executive Director of the recently organized Michigan Society of Pastoral Care. He has been particularly active in carrying out a remarkably successful educational program for the clergy throughout Michigan.

¹ Willett, Clark Co., Chicago, 1936.

BOOK REVIEWS

Successful Marriage: Morris Fishbein, M.D., and Ernest W. Burgess, Ph.D., editors; Doubleday, 1947. 547 pp. \$6.00.

Successful Marriage is not to be put in the hands of young men and young women contemplating marriage nor to be given to a newly wed couple as a help in achieving a successful marriage adjustment. The layman needs reading more carefully selected and aimed at his particular need. It is rather a "standard guide to problems in the field of marriage" for the counselor's library.

The editors present articles written by outstanding authorities in their respective fields. Like most attempts to "tell all" within the covers of a single book, it falls short of its impossible goal. It does encompass a tremendous amount of material on almost all aspects of sex, courtship, the marriage relationship, the bearing of children, child psychology, divorce, and even goes into such subjects as home finances and prostitution. It is the shotgun approach; the shot are scattered and some miss the mark.

In spite of the varied value and importance of both the subjects and their treatment, much information and insight are to be mined here by the parish minister or institution chaplain who does counseling with young people on sex and courtship, with married people who are seeking a better relationship with

their mates, and with men and women who are planning, or facing, divorce. The clergyman will have to bring to this book his own religious perspective; he will not necessarily find it here. The bibliography which follows many articles, listing the best literature in that particular field, will be found very valuable.

Much writing with regard to marriage has stressed greatly the necessity of a good sexual adjustment for a happy relationship between husband and wife. Often it has been assumed that this was the foundation upon which successful marriages were built. "Save sex and you save all." Lewis M. Terman, in his chapter on "Marital Adjustment and Its Prediction" gives the results of a study made by him and concludes: "The low predictive value of the sex-adjustment score suggests that the role of sex, per se, in marital happiness is secondary rather than primary. Couples who are psychologically well mated show a surprising tolerance for the things that are not entirely satisfactory in their sexual relationships." Without attempting to minimize the great contribution that sexual harmony makes to a successful marriage, counselors, especially religious counselors, need to understand the implications of this quotation: The spiritual is of more importance than the physical as a foundation for a stable and satisfying relationship between husband and wife. To this end, we need the background knowledge which a book like "Successful Marriage" can supply.

CHARLES M. STYRON

•
The Parents' Manual: a Guide to the Emotional Development of Young Children:
Anna W. M. Wolf; Simon and Schuster, New York, 1945.

With the possible exception of the new book on baby care by Dr. Benjamin Stock, Mrs. Wolf's *Parents' Manual* is still the best general book for parents of young children. We ordinarily think of a manual as a "how to" book with many very specific rules to follow. *The Parents' Manual* is not that kind of a manual, for specific rules and prescriptions can not be given. It is a good manual in the sense of a readily usable book which is good to have at hand for frequent reference and rereading. It is full of practical suggestions for managing the numerous problems that arise in the home care and guidance of children, but all suggestions are offered with a full appreciation of the fact that no two children are alike and no two parents are alike and that, therefore, parents must consider themselves and their children in their total setting.

This book is, as the subtitle suggests, a guide to the emotional development of young children. But it is more than that. The emotional development is given due consideration, but there is no effort to isolate that from the social development and practical every day issues in growing up and getting along with others. It rightly stresses the feeling side because the feelings supply the motivating force. Throughout the book emotions are dealt with not as abstractions but with a realism born of wide and deep experience in living and in consulting with others concerning the problems of growing children.

There is throughout the book a decided awareness that what parents are probably counts more than what they do in actual guidance of children, but she does not blame parents for whatever shortcomings they may have. In fact, one of the great values of the book is the fact that the parent readers can see themselves with all their hopes, fears and difficulties portrayed in the pages of this book and feel throughout that they are understood. Thus appreciated, the reader

is predisposed to consider well the explanations made and the suggestions offered for obtaining practical results in the guidance of children.

The author offers the best of our knowledge of the natural endowments of children, of how they grow through their many changes of interest and activity, and she presents it all in a smoothly flowing, easy-to-read style which makes the book a pleasure. The views of the various schools of psychology have been so thoroughly sifted and tested by experience that they retain no identification with their source and appear as integrated parts of our total understanding. In short, the book is a well-balanced presentation of what every parent needs to know.

Every one of the ten chapters contains much of value, but perhaps the chapters on "What Should We Expect of Our Children?" the chapter on discipline, the one on sexuality in childhood, and the one on psychological growing pains are among the richest in content and of greatest practical value to the average parent.

There is no chapter devoted to the religious development of children, but there is a spiritual quality about much of the book. Its earnestness and forthrightness, its thorough-going respect for the individual and, at the same time, equally thorough-going appreciation of the need for socialization of the individual build up to an emphasis on values that are germane both to religion and mental health.

Parish ministers will find the book very valuable in parent education and in their pastoral services may suggest its use by parents who are concerned with the constructive guidance of their children. As was made clear in the last chapter, no book can serve as a satisfactory substitute for professional guidance or therapy, but it can be used as a valuable adjunct.

LUTHER WOODWARD

•
Sexual Behavior in the Human Male: Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin; W. B. Saunders, Philadelphia, 1948. 804 pp. \$6.50.

Because this exceptional book has been reviewed so widely, no attempt will be made to outline the mass of information it provides nor to discuss the methods by which such data was secured. This review will seek only to comment upon some of the findings which are particularly relevant to pastoral care.

The most important discovery, perhaps, is the wide variation in sexual behavior on an educational scale. Three groupings are used: those with no more than grammar school preparation, high school graduates, and the college educated. For instance, any display of affection during intercourse is rare among the first group, while it is almost universally practised by the college-level group. This means that a pastor who marries two young people coming from these two levels might well anticipate the need for a greater sexual adjustment, than if they come from the same group.

Homosexuality is found to be much more common than has been formerly assumed. This should be of interest to clergymen since religious activity often appeals to homosexuals. On the other hand, one must remember that so-called homosexuality may be of a transient nature, a second step in the psychosexual development of the individual. Certainly it is a behavior problem which calls for more understanding and less emotional response in the form of self-righteous condemnation.

Sex attitudes are acquired very early, prior to sex *information*, and usually from the child's parents although playmates also make their contribution. This means that the sex education programs of church bodies usually come too late. The pastoral opportunity lies with the parents, the young married couples who will often be bequeathing unconsciously their attitudes to their children.

Both premarital and extra-marital sexual activity is greater than normally assumed. *When* it takes place varies with the levels or groups already described. This should be particularly relevant for those who provide premarital and post-marital pastoral counsel.

Every parish minister should read this book. It is not going to revolutionize our *mores* nor our ethics. It should, however, cause us to re-examine them. The authors are to be commended for tackling a difficult though important subject. Their future "reports" should receive an eager welcome from all of us who would be more effective pastors.

ROLLIN J. FAIRBANKS

•
Sex Habits of American Men: ed. by Albert Deutsch; Prentice-Hall, N. Y., 1948. 244 pp. \$3.00.

For those who are without technical (shall we say "taxonomic"?) interest, and are limited for time, this symposium is a remarkably fine summary and commentary on the "Kinsey Report" on *Sexual Behavior in the Human Male*. Thirteen writers, including the energetic editor, have contributed studies of the Kinsey material as it bears upon anthropology, statistics, sociology, law, marriage counseling, psychiatry, psychology, institutional life, and religion. Seward Hiltner discusses the study from a Protestant viewpoint, to be compared with Catholic and Jewish contributions.

The Kinsey book has raised a great many questions, settled very few. This symposium faces these questions and suggests a good many that would not have occurred to the average reader. Writing in a popular style, these specialists make no attempt to evade problems. Leo Crespi of Princeton faces the arguments about the Kinsey methods, and defends them. Abraham Stone is frank to face problems the report raises for marriage counseling by its startling findings on the high incidence of extramarital intercourse. Most of the writers are agreed that a widely prevalent trait is not necessarily "normal" in a human society.

Seward Hiltner's essay rightly emphasizes this last point, and the further fact that sexuality is not a biologically fixed form of behavior but rather a socially controlled and morally influenced phase of human action. Pastors and counselors in general will want this book at hand. It requires and deserves considerable study and thought. It is admittedly a needling attack to be welcomed by anybody who seeks realism as well as ideals in his counseling.

JOSEPH F. FLETCHER

•
Mind and Body, Psychosomatic Medicine: H. Flanders Dunbar, M.D.; Random House, 1947. 263 pp. \$3.50.

The pastor's work is increasingly difficult in these frustrating yet challenging days. His people plead for help to meet and to endure the manifold problems

that arise. In the midst of such difficulties every aid that will assist the pastor to minister more effectively is an invaluable one. As he seeks insights that his pastoral scalpel for soul surgery might be keen and sharp, the clergyman likewise seeks valid illustrations to make his gospel of hope and health more relevant to the lives of his people. This book offers complete satisfaction for each of these desires.

Dr. Dunbar is not seeking to make the layman a psychosomatically trained physician, but she does provide an impressive demonstration of a new approach at work in the field of healing. Our age of specialization has too often forgotten that human beings are not simply "eye-ear-nose-and-throat creatures" but individuals whose body, mind, and soul create health or havoc. This witness to the whole-ness of man is worthy of our most serious study. It ought to be required reading for physicians as well as ministers.

For the sermonically minded, *Mind and Body* is a lode of great illustrations. It will give the most avid-reading clergyman valid and significant illustrations for his preaching. Such intriguing title chapters as "Delayed Action Minds of Childhood," "Accident Habit," "The Hygiene of a Quiet Mind," and "Mental Indigestion" are not only homiletically suggestive but clinically substantiated.

Here is a book to help us in our task. It offers us insights that can make us more understanding of those who come seeking pastoral guidance, and we shall also find a powerful implementation for both our preaching and our pastoral ministry. It commands a respected place in our libraries.

JOHN WALLACE

•

Good News About Diabetes: Herbert Yahraes; Public Affairs Committee, Inc., N. Y., 1948. 32 pp. 20 cents.

The "good news" is simply that because of new types of insulin and improved techniques for early diagnosis of diabetes, most persons who have developed the disease may now confidently look forward to a life almost free of limitations and a life span nearly as long as anyone else. Mr. Yahraes reports on many studies which have been or are being made. He estimates that probably one in seventy persons is diabetic, although only half of those suffering from this disease have ever had it diagnosed. Older people develop diabetes more often than younger persons. There is a higher incidence among divorced women rather than among single women or men, and those who have diabetic relatives are especially susceptible. This is a pamphlet which the well informed pastors will want to read. Even though it is not designed for any particular profession, the discussion of the psychological problems of the diabetic clearly indicates the points where the pastor can reinforce the positive efforts of the physician.

JAMES H. BURNS

•

Aging Successfully: George Lawton; Columbia University Press, N. Y., 1946. 266 pp.

The author states his premise as follows: "We start aging at birth, if not before. The best time to prepare for old age is in childhood. The next best time is in the forties. If we reach the sixties without any real preparation, it is not too late. It simply means that we have a longer job on our hands. But it is still

possible for us to learn how to extract from the current years all they can offer and to prepare ourselves for the changes and problems that the seventies and even the eighties will bring.

There is nothing new or startling in Mr. Lawton's basic notion that mental and emotional health and maturity is the only sound foundation for life at every age or any age. His popular style, however, and buoyant approach dramatize this truth in an admittedly effective way. The author has a peculiar talent for using words, phrases, and sentences so that they stand out like head lines, labels, and slogans.

Mr. Lawton carefully disclaims devotion to any particular school of psychology but instead gives credit, for the program described, to several different schools. He explains that any novelty the book may have stems from applying "universally tested and accepted principles of clinical psychology, mental hygiene, education, vocational counselling and rehabilitation — to middle and later maturity." We can assume from this that he is somewhat expert in these fields, and careful study of *Aging Successfully* convinces one that behind the obvious popular, man-in-the-street level of the book, there stands a vast reservoir of learning, experience and interest in people.

This reviewer recommends this book to the minister, physician, and all others who are cast in the role of counselor. It not only can help the counselor himself but also those whom he would minister.

JAMES H. BURNS

•
Appraisal of a Clinical Pastoral Training Program: Authors listed below; 5 vols.; Smith College Library, 1947. (Unpublished.)

Five dissertations based upon an investigation at the New Jersey State Hospital, Greystone Park, New Jersey, and the Council for Clinical Training, Inc., New York, have been submitted in partial fulfillment for the requirements for the degree of Master of Social Science. Written by five women who were then students of the Smith College of Social Work, Northampton, Mass., they are submitted under the general title of *Appraisal of a Clinical Pastoral Training Program*. Each student addressed herself to a particular aspect of the general subject as follows:

- Vol. I. *Theological Students Before and After a Clinical Training Experience.* Mary E. Jolley.
- Vol. II. *An Analysis of the Educational Aspects of a Clinical Pastoral Training Program.* Lena K. Beck.
- Vol. III. *A Study of the Contacts with Psychotic Patients by Theological Students.* Mary A. Barlowski.
- Vol. IV. *An Evaluation of the Use of Psychoneurotic Patients in Clinical Pastoral Training.* Mary W. Christian.
- Vol. V. *The Use of Psychopathic Personalities in the Clinical Training Program.* Loraine M. Ratliffe.

The research would appear to be over-weighted in favor of social case work concepts and would seem to need clarification on the religious level. While it is true that as students of social work the authors were not responsible primarily for evaluating the religious beliefs and feelings involved per se, at some point in

the five dissertations these matters might well have been studied and then correlated with the psychiatric and social work material. As a social worker himself, the reviewer wonders what inter-professional supervision was given the students by their faculty supervisors and by the chaplains in charge of clinical pastoral training at the New Jersey State Hospital.

One of the authors raises a pointed question when she opines that there seems to be confusion in the clinical training program as to whether the work is primarily educational or therapeutic.

Clergymen and social workers will find these dissertations provocative and educational. In particular, members of these two professions who are engaged in institutional work will bring to the reading a background of experience which it is believed will enable them to appreciate the subject considered. It is to be hoped that other schools of social work will encourage students to explore further the emphasis and contribution of pastoral clinical training, as the Smith faculty has admirably done in this instance. Likewise, perhaps some of the theological seminaries will encourage graduate students to explore and evaluate the training afforded in social work from the point of view of the religious profession and community.

HENRY H. WIESBAUER

•
Community Help in Pastoral Problems: John L. Mixon and Seward Hiltner; Federal Council of the Churches of Christ in America, N. Y., 1948. 46 pp. 25 cents.

Written by two clergymen who have a wealth of professional training and everyday experience in the ministry *Community Help in Pastoral Problems* is the most specific and yet comprehensive offering available for the parish clergyman. This pamphlet is a matter of quality and not quantity, and it is to be hoped that no potential reader will be deceived by the physical size of it.

Rather than indulging in vague generalities, the authors have structured their presentations in terms of particular pastoral problems as these are presented by parishioners: health, legal, financial, vocational, family and child, and sterility and adoption problems. The counsel afforded in the sections headed "How to Make a Referral," "The Pastor and the Social Worker," and "The Church and the Pattern of Community Welfare," is especially valuable to the parish clergyman. Under "How to Make a Referral," to instances are recorded in which a clergyman and social worker are engaged in telephone conversation concerned with a possible referral of parishioners. Brief as these are, the inter-professional functions and community implications are effectively highlighted by the two presentations.

On the back page of the leaflet is an up-to-date bibliography of several publications dealing with various phases of the pastoral ministry, both parochial and institutional.

The publication of this pamphlet constitutes an event, and will prove of real service to the Church and to the community.

HENRY H. WIESBAUER

The Psychiatric Study of Jesus: Albert Schweitzer; Trans. by Chas. R. Joy; Beacon Press, Boston, 1948. 81 pp. \$2.00.

This is the first English translation of Schweitzer's doctoral dissertation for the medical degree at Strassbourg in 1913. Lomer, Binet-Sangle, Hirsch, and Rasmussen had written interpretations of Jesus as a psychopathological type. Schweitzer's answer is of greater interest as a document in the history of the higher criticism than as a scientific work, mainly because both he and those whom he answered used terms (e.g., paranoia) in much looser definition than we do today, especially since the Kraepelin classification of psychoses.

Schweitzer rejects the pathological diagnosis on the ground that Binet-Sangle and the others were ignorant of the patterns of thought and behavior in Jesus' time and thus fell victim to wrong deductions, artificially constructing a picture of illness. His only concessions to their results, as things "possibly to be discussed from the psychiatric point of view," are the "high estimate which Jesus had of himself and perhaps also the hallucination at the baptism."

Joy's translations of Schweitzer are enjoying, deservedly, a wide reading just now. Dr. Overholser, of the American Psychiatric Association, expresses in a foreword his respect for Schweitzer but obviously is not in complete agreement with his conclusions. The dissertation itself covers only forty pages of type.

JOSEPH F. FLETCHER

•
Social Pathology: John Lewis Gillin; Century Social Science Series, N. Y., 1946. 645 pp. Third edition.

This is by now a classic among modern survey treatments of social maladjustments. It defines "social pathology" without minimizing the personal realities in individual cases. Breakdown in individuals, families, community groups, economic patterns and cultural relations is explored. The method is to arrive at theory by examining empirical data and clinical evidences. Some sections include debatable material, as in the chapter on mental disease, which asserts Bleuler's view that "insanity" is a concept resting on the idea of social incapacity, and not on medical or psychopathological criteria. The chapter on the pathology of religion recognizes its pragmatic force in human living but suggests serious reasons for doubting its survival value as an institution. Gillin's book is a good one for cross-reference study, but it is only a survey. It does not take the reader very deeply into any of the pathologies it describes. The author places more trust than many sociologists in the eventual light to be thrown upon social maladjustments by psychological studies.

JOSEPH F. FLETCHER

NOTES AND COMMENTS

The Rev. Carroll A. Wise, formerly associate minister of the Hennepin Avenue Methodist Church, Minneapolis, has been appointed Professor of Pastoral Psychology and Counseling at Garrett Biblical Institute in Chicago.

The Rev. Russell L. Dicks has also taken a teaching position, having been appointed Associate Professor of Pastoral Care at the Divinity School of Duke University. Professor Dicks was formerly chaplain at the Wesley Memorial Hospital, Chicago. He has also been named Associate Professor of Pastoral Psychology at Iliff School of Theology in Denver, where he will teach during the summer.

The Rev. Robert L. Leslie has been appointed Protestant Chaplain for the Boston Psychopathic and the Boston State hospitals, effective July 1. Chaplain Leslie has had both parochial and military experience, as well as considerable clinical training. He will be responsible for all full-time training of theological students and clergy as may be given at these hospitals.

Chaplaincies in two institutions caring for children are now available. Applicants must be Episcopalians and shall have had some special training. Details can be secured from The Rev. Arnold Purdie, Dept. of Christian Social Relations, 281 Fourth Ave., New York 10.

The Society of Friends sponsored a Conference on Religion and Psychology which was held May 8-9 at Media, Pa. The program was devoted to a study of the nature and laws of our spiritual life.

A "workshop" in marriage counseling is being sponsored by the American Institute of Family Relations at its headquarters in Los Angeles, beginning August 2. The course will include general principles of counseling, special techniques for marital difficulties, and both the administration and the interpretation of personality tests. Further information can be secured from the Institute at 5287 Sunset Boulevard, Los Angeles 27, Calif.

Two excellent articles by Rabbi Israel Gerber appeared in *The Reconstructionist* during April, describing the value of clinical pastoral training for the rabbi.

A Marriage Counseling Service has been established in Richmond, Va., under the joint sponsorship of the Richmond City Schools, the Memorial Guidance Clinic, the Richmond Ministerial Union, the Visiting Nurse Association, and the Family Service Society. The director is Mrs. Beatrice V. Mar-ion, and the offices are located at 421 West Grace St., Richmond.

Chaplains in mental hospitals and others interested in better care for mental patients will find *The Psychiatric Aid* to be a source of considerable help. Sample copies can be secured by writing Box. 7574, Philadelphia 1, Pa.

One of the best booklets available on the nature and procedures of Alcoholic Anonymous is called *The Story*, published by the Pamphlet Committee, Box 3121, Corpus Christi, Texas. The cost is twenty cents or less, depending upon the quantity ordered.